

**ORIGINAL**

10-070

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

SEP 27 2010

**This Section must be completed for all projects.**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: United Therapy – La Grange		
Street Address: 120 North La Grange Road		
City and Zip Code: La Grange, Illinois 60525		
County: Cook	Health Service Area: 007	Health Planning Area: 007

**Applicant /Co-Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: United Urology Centers LLC
Address: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
Name of Registered Agent: Corporation Service Company
Name of Chief Executive Officer: Dr. Marc Rubenstein, Manager
CEO Address: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
Telephone Number: (847) 544-5877

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact****[Person to receive all correspondence or inquiries during the review period]**

Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

**Additional Contact****[Person who is also authorized to discuss the application for permit]**

Name: F. Bruce Cohen
Title: Chief Operating Officer
Company Name: United Urology Centers LLC
Address: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
Telephone Number: (847) 544-5877
E-mail Address: fbcohen@unitedtherapies.com
Fax Number: (847) 544-5950

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: F. Bruce Cohen
Title: Chief Operating Officer
Company Name: United Urology Centers LLC
Address: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
Telephone Number: (847) 544-5877
E-mail Address: fbcohen@unitedtherapies.com
Fax Number: (847) 544-5950

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Kidney Stone Real Estate LLC
Address of Site Owner: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
Street Address or Legal Description of Site: 120 North La Grange Road
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.</b>
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: United Urology Centers LLC
Address: 1111 East Touhy Avenue, Suite 240, Des Plaines, Illinois 60018
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

## Part 1110 Classification:

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

United Urology Centers LLC (the "Applicant") seeks authority from the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the proposed "Surgery Center") at the Applicant's current lithotripsy and laser center (the "LaGrange Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed Surgery Center will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The Surgery Center will occupy the exact same space as the Applicant's current LaGrange Facility, which has been in existence since 1995.

The Surgery Center will have a single procedure room and will offer the same exact urological services that are currently being performed at the LaGrange Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the Surgery Center will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. In 2009, those same physicians performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures at the LaGrange Facility.

This Project is necessitated by recent "changes" in the federal reimbursement rules and regulations concerning "under-arrangement" relationships between providers such as the Applicant and local area hospitals. More specifically, on October 1, 2009, the Centers for Medicare and Medicaid Services ("CMS") revised the federal, provider-based reimbursement rules and specifically called into question "under-arrangement" agreements. See Medicare 2009 Acute Hospital Inpatient Prospective Payment Schedule (published July 31, 2008). Although the rule changes specifically allowed "under-arrangement" lithotripsy services to continue, subsequent pronouncements from CMS seemed to call into question whether a lithotripsy center could provide "supporting" services (such as the insertion of a stent or a ureteroscopy to reposition a stone) during a lithotripsy procedure. Because of the conflicting and inconsistent positions taken by CMS, since October 1, 2009, the LaGrange Facility has not been able to provide lithotripsy services to Medicaid and Medicare patients pursuant to "under-arrangement" agreements with local area hospitals. These same rule changes have not impacted the Applicant's ability to treat insured patients because the rule "changes" only impacted Medicaid and Medicare patients. Thus, in this Application, the Applicant is literally seeking permission from the Board to establish an ambulatory surgical treatment center to provide care to Medicaid and Medicare patients.

Because this Project concerns the establishment of a healthcare facility, it is considered "substantive." The Project is subject to review under Section 1110 and Section 1120 of the Illinois Administrative Code.



### Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$193,418.40	\$149,487.40	\$342,905.80
Contingencies	\$19,341.28	\$14,948.30	\$34,289.58
Architectural/Engineering Fees	\$14,665.48	\$11,334.52	\$26,000.00
Consulting and Other Fees	\$49,580.60	\$38,319.40	\$87,900.00
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Space Lease	\$353,897.99	\$273,517.37	\$627,415.36
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$630,903.74</b>	<b>\$487,607.00</b>	<b>\$1,118,510.74</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$277,005.75	\$214,089.63	\$491,095.38
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (Fair Market Value of Space Lease)	\$353,897.99	\$273,517.37	\$627,415.36
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$630,903.74</b>	<b>\$487,607.00</b>	<b>\$1,118,510.74</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$0.

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): November 30, 2011

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**State Agency Submittals**

Are the following submittals up to date as applicable: Yes. All applicable reports have been submitted.

- Cancer Registry  
 APORS  
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
 All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

### Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Non-Hospital Based Ambulatory Surgical Treatment Center – Clinical/Reviewable Portions	\$630,903.74		2,219		2,219		
Non-Hospital Based Ambulatory Surgical Treatment Center – Non Clinical/Non Reviewable Portions	\$487,607.00		1,715		1,715		
<b>TOTAL</b>	<b>\$1,118,510.74</b>		<b>3,934</b>		<b>3,934</b>		

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME: United Therapy – La Grange</b>			<b>CITY: La Grange, Illinois</b>		
<b>REPORTING PERIOD DATES:</b>					
		<b>From:</b>	<b>to: (Not Applicable)</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>					

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of United Urology Centers LLC\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*Marc A. Rubenstein*  
SIGNATURE

Dr. Marc A. Rubenstein  
PRINTED NAME

Manager/Member  
PRINTED TITLE

*Donald M. Norris*  
SIGNATURE

Dr. Donald M. Norris  
PRINTED NAME

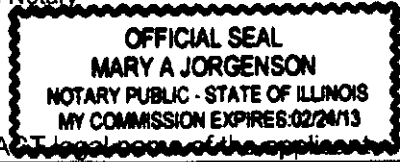
Manager/Member  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 20<sup>th</sup> day of September 2010

Notarization:  
Subscribed and sworn to before me  
this 20<sup>th</sup> day of September 2010

*Mary A. Jorgenson*  
Signature of Notary

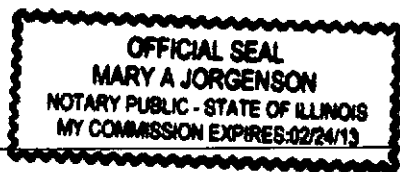
Seal



\*Insert EXACT legal name of the applicant

*Mary A. Jorgenson*  
Signature of Notary

Seal



### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Urology

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 ½" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
  - b. The hospital's surgical utilization data for the latest 12 months, and
  - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
  - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<u>\$491,095.38</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts:
<u>\$627,415.36</u> (Fair Market Value of Space Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$1,118,510.74</u>	<b>TOTAL FUNDS AVAILABLE</b>	

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	

**Section I**  
**Attachment 1**  
**Applicant Identification**

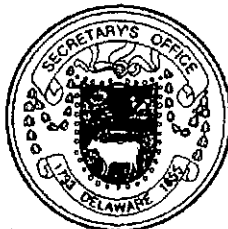
The Certificate of Good Standing for United Urology Center LLC (the "Applicant") is attached at ATTACHMENT 1.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITED UROLOGY CENTERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2010.



3457886 8300

100502998

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7993799

DATE: 05-14-10

0023

ATTACHMENT

1

**Section I**  
**Attachment 2**  
**Site Ownership**

Kidney Stone Real Estate LLC ("KSRE") currently owns the site at 120 North LaGrange Road in LaGrange Illinois (the "Site"), and the building currently situated on the Site (the "LaGrange Facility"). KSRE and the Applicant are parties to that certain Lease Agreement, which currently expires on December 31, 2016, for the LaGrange Facility. A Certification from F. Bruce Cohen setting forth KSRE's ownership in the Site and in support of this Criterion is attached at ATTACHMENT 2.

The legal description of the Site is as follows:

Parcel 1:

LOT 7 IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LAGRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK COUNTY, ILLINOIS.

Parcel 2:

PERPETUAL NON-EXCLUSIVE EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, VEHICULAR ACCESS AND PARKING, AS CONTAINED IN THE INGRESS, EGRESS AND PARKING EASEMENT AGREEMENT DATED JULY 31, 1995 AND RECORDED AUGUST 8, 1995 AS DOCUMENT 95523831 MADE BY COLUMBIA NATIONAL BANK OF BERWYN AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 25, 1995 AND KNOWN AS TRUST NUMBER 950200 (GRANTOR) TO KIDNEY STONE REAL ESTATE, L.L.C., AN ILLINOIS LIMITED LIABILITY COMPANY ON, OVER, ACROSS, ALONG AND UPON THE FOLLOWING DESCRIBED PARCEL OF LAND:

LOTS 8, 9, 10 and 11 (EXCEPT THE SOUTHERLY 38.5 FEET OF SAID LOT 11) IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LA GRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK.

Kidney Stone Real Estate LLC  
1111 E. Touhy Avenue, Suite 240  
Des Plaines, IL 60018

September 18, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Certification of Corporate Ownership of Site Parcel

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Kidney Stone Real Estate LLC ("KSRE") owns the property commonly known as 120 North LaGrange Road, LaGrange, Illinois (the "Site"), and the building currently situated on the Site (the "Facility"), and legally described as follows:

Parcel 1:

LOT 7 IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LAGRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK COUNTY, ILLINOIS.

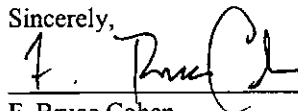
Parcel 2:

PERPETUAL NON-EXCLUSIVE EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, VEHICULAR ACCESS AND PARKING, AS CONTAINED IN THE INGRESS, EGRESS AND PARKING EASEMENT AGREEMENT DATED JULY 31, 1995 AND RECORDED AUGUST 8, 1995 AS DOCUMENT 95523831 MADE BY COLUMBIA NATIONAL BANK OF BERWYN AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 25, 1995 AND KNOWN AS TRUST NUMBER 950200 (GRANTOR) TO KIDNEY STONE REAL ESTATE, L.L.C., AN ILLINOIS LIMITED LIABILITY COMPANY ON, OVER, ACROSS, ALONG AND UPON THE FOLLOWING DESCRIBED PARCEL OF LAND:

LOTS 8, 9, 10 and 11 (EXCEPT THE SOUTHERLY 38.5 FEET OF SAID LOT 11) IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LA GRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK.

2. KSRE and United Urology Centers LLC are parties to, and will to continue to be parties to, that certain Lease Agreement, dated January 1, 2002, for the Facility.

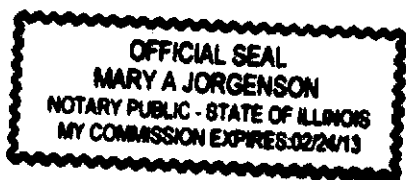
Sincerely,



\_\_\_\_\_  
F. Bruce Cohen  
Chief Operating Officer  
Kidney Stone Real Estate LLC

SUBSCRIBED AND SWORN  
to before me this 20<sup>th</sup> day  
of September, 2010.

Mary A. Jorgenson  
\_\_\_\_\_  
Notary Public



**Section I**  
**Attachment 3**  
**Operating Entity/Licensee**

The Applicant would hold the License if this Project is approved. The Applicant's Certificate of Good Standing is attached at ATTACHMENT 1.

The following entities and individuals have more than a 5% ownership interest in the Applicant:

Urological Stone Surgeons, Inc.	25.93%
Central Iowa Lithotripsy LLC	7.32%
Dr. Marc Rubenstein	7.50%
Dr. Donald Norris	7.50%

**Section I**  
**Attachment 4**  
**Organizational Relationships**

The organizational chart for the Applicant is attached at ATTACHMENT 4.

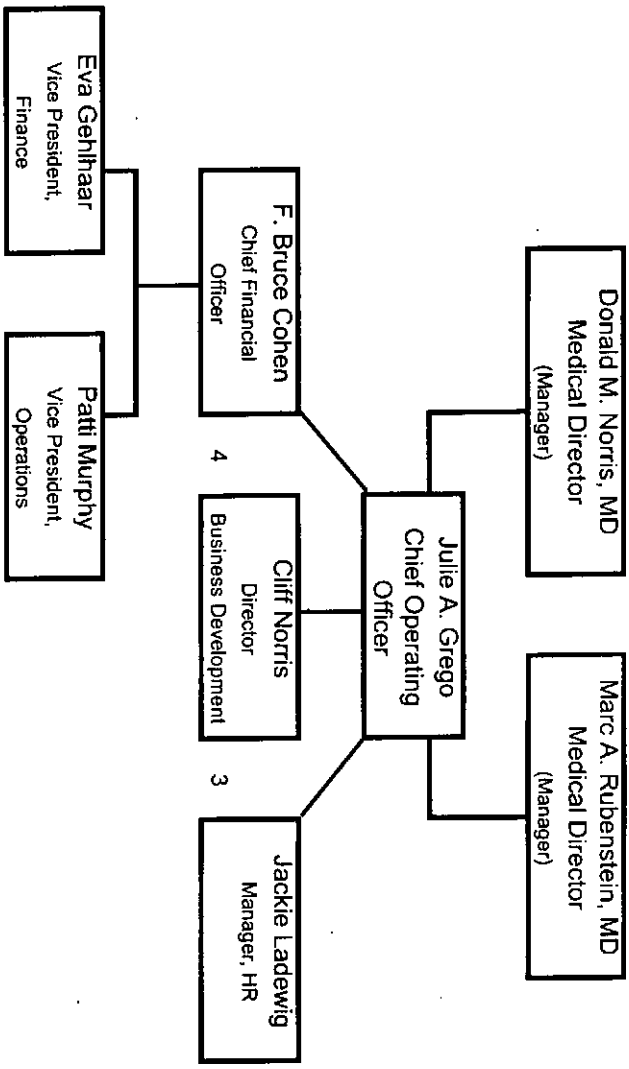
The Applicant will be funding all parts of this Project.



# UNITED UROLOGY CENTERS, LLC

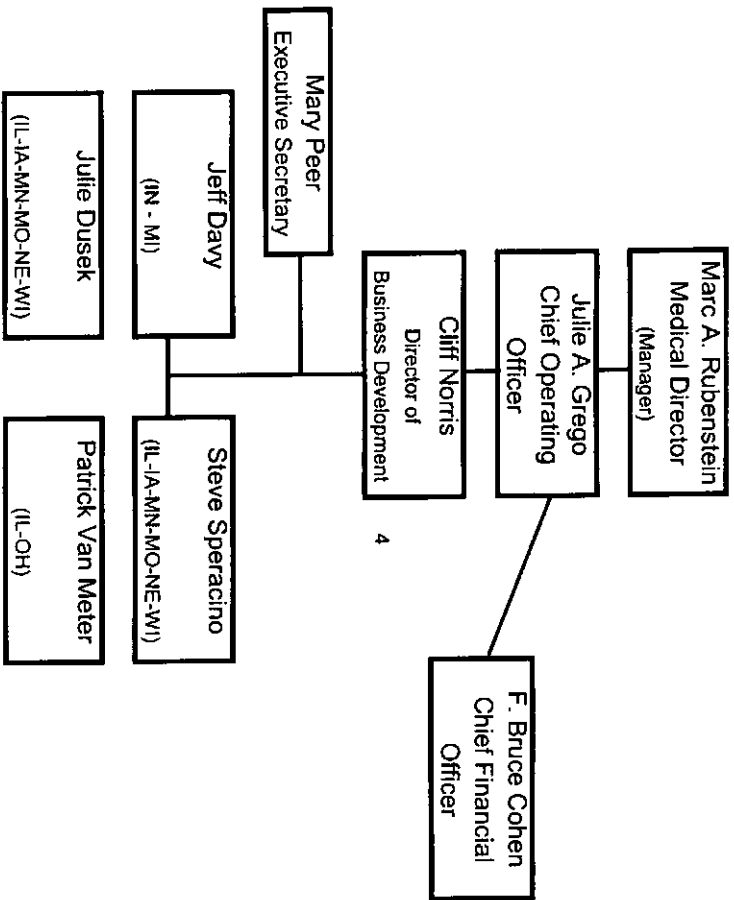
United Shockwave Therapies

## Executive Leadership Team



**UNITED UROLOGY CENTERS, LLC**  
United Shockwave Therapies

**Sales Team**

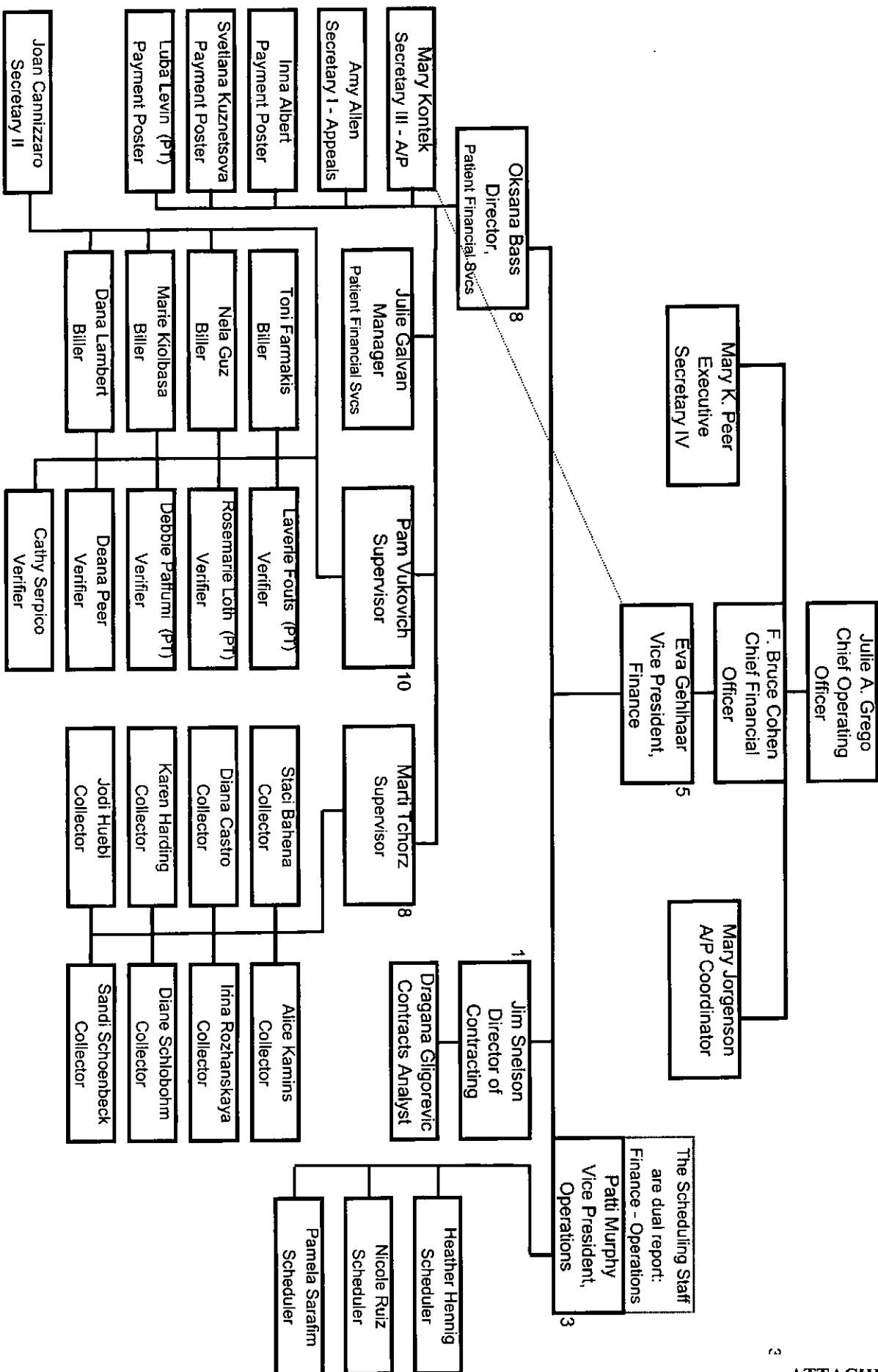


5

# UNITED UROLOGY CENTERS, LLC

## United Shockwave Therapies

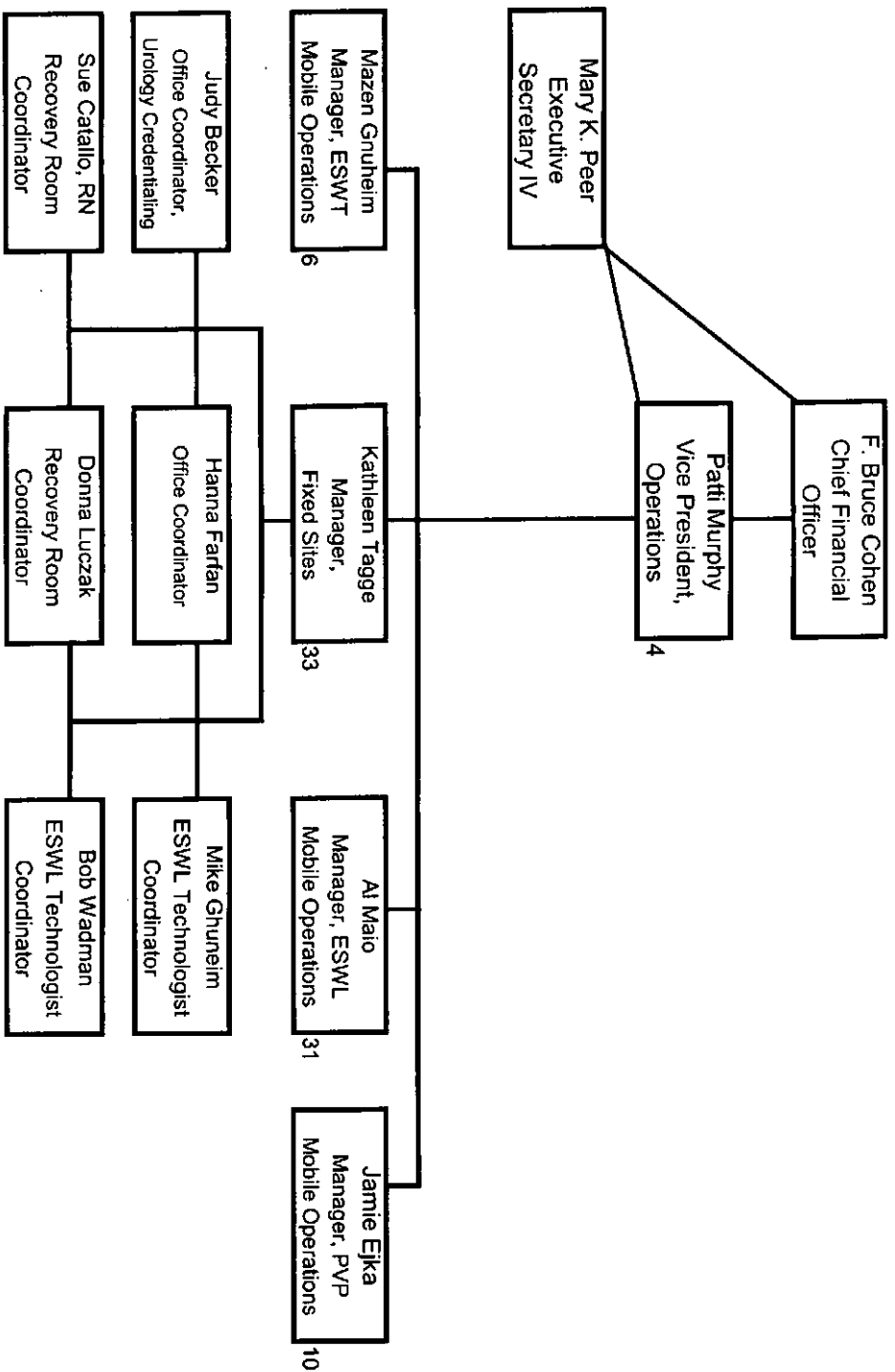
### Finance Team



# UNITED UROLOGY CENTERS, LLC

United Shockwave Therapies

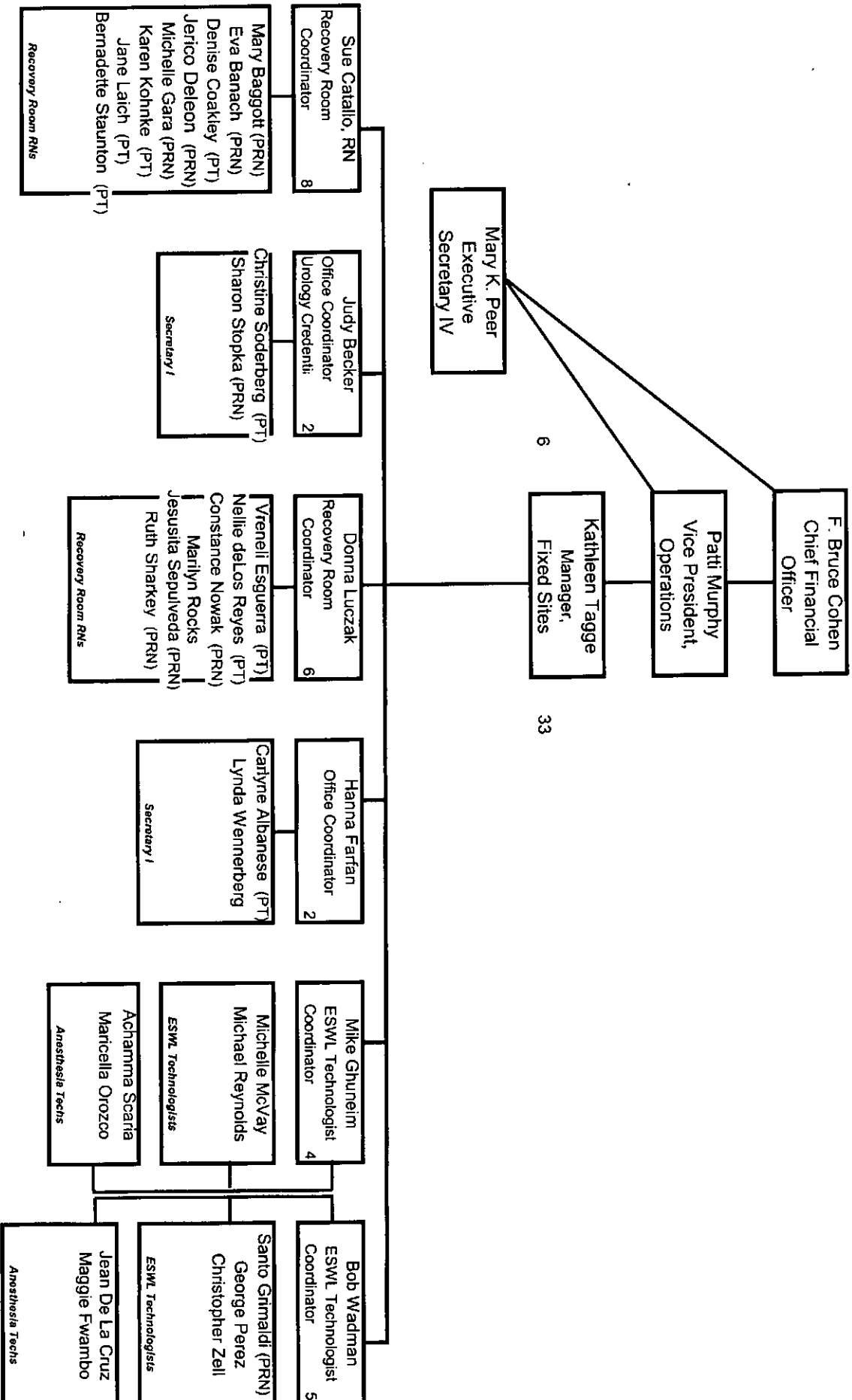
## Operations Team



# UNITED UROLOGY CENTERS, LLC

United Shockwave Therapies

## FIXED Operations Team



# UNITED UROLOGY CENTERS, LLC

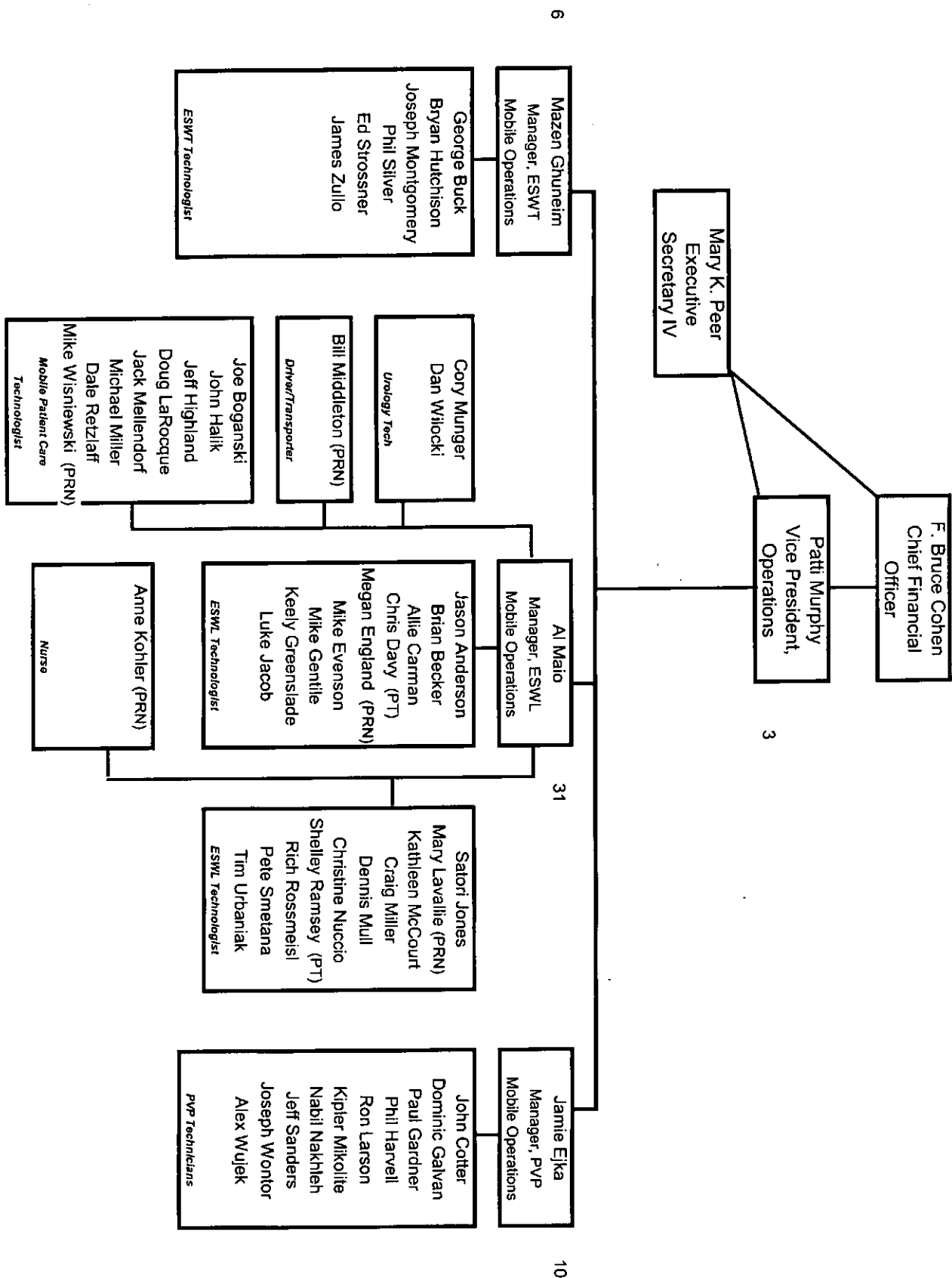
United Shockwave Therapies

## MOBILE Operations Team

50

ATTACHMENT

4



0034

**Section I**  
**Attachment 5**  
**Flood Plain Requirements**

An Affidavit from F. Bruce Cohen attesting to the fact that the Site is not in a flood plain is attached at ATTACHMENT 5.

Kidney Stone Real Estate LLC  
1111 E. Touhy Avenue, Suite 240  
Des Plaines, IL 60018

September 18, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Certification That Site Is Not In 500-Year Flood Plain &  
Compliance with Illinois Executive Order #5

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Kidney Stone Real Estate LLC ("KSRE") owns the property commonly known as 120 North LaGrange Road, LaGrange, Illinois (the "Site"), and the building currently situated on the Site (the "Facility"), and legally described as follows:

Parcel 1:

LOT 7 IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LAGRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK COUNTY, ILLINOIS.

Parcel 2:

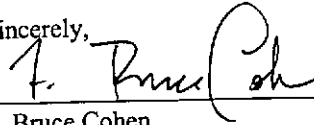
PERPETUAL NON-EXCLUSIVE EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, VEHICULAR ACCESS AND PARKING, AS CONTAINED IN THE INGRESS, EGRESS AND PARKING EASEMENT AGREEMENT DATED JULY 31, 1995 AND RECORDED AUGUST 8, 1995 AS DOCUMENT 95523831 MADE BY COLUMBIA NATIONAL BANK OF BERWYN AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 25, 1995 AND KNOWN AS TRUST NUMBER 950200 (GRANTOR) TO KIDNEY STONE REAL ESTATE, L.L.C., AN ILLINOIS LIMITED LIABILITY COMPANY ON, OVER, ACROSS, ALONG AND UPON THE FOLLOWING DESCRIBED PARCEL OF LAND:

LOTS 8, 9, 10 and 11 (EXCEPT THE SOUTHERLY 38.5 FEET OF SAID LOT 11) IN BLOCK 1 IN MC WILLIAMS AND PARKER'S ADDITION TO LA GRANGE, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF OGDEN AVENUE AND WEST OF THE CENTER OF FIFTH AVENUE, IN COOK.



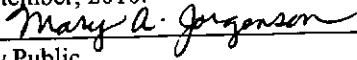
2. The Facility is not located within a 100-year or a 500-year floodplain and would, thus, be in compliance with Illinois Executive Order #5 (2006) which mandates that critical facilities must be protected to the 500-year floodplain elevation.

Sincerely,



F. Bruce Cohen  
Chief Operating Officer

SUBSCRIBED AND SWORN  
to before me this 20<sup>th</sup> day  
of September, 2010.



Notary Public



**Section I**  
**Attachment 6**  
**Historic Resources Preservation Act Requirements**

Attached at ATTACHMENT 6 is documentation from the Illinois Historical Preservation Agency regarding compliance with the requirements of the Illinois Historic Resources Preservation Act.



**Illinois Historic  
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Cook County  
LaGrange

CON - Establish an Ambulatory Surgery Center, United Urology Centers, LLC  
120 N. LaGrange Road  
IHPA Log #003091710

September 20, 2010

Edward Green  
Foley & Lardner LLP  
321 N. Clark St., Suite 2800  
Chicago, IL 60654

Dear Mr. Green:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

*Anne E. Haaker*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

**Section I**  
**Attachment 7**  
**Project Costs & Sources of Funds**

Attached at ATTACHMENT 7 are the following items:

1. Lease Agreement between the Applicant and the KSRE for the LaGrange Facility.
2. Bruce Cohen's Affidavit certifying the Fair Market Value of the Space Lease for the LaGrange Facility (and the Proposed Surgery Center).
3. A detailed line item listing of construction costs and fees associated with this Project.

## LEASE AGREEMENT

This Lease Agreement ("Lease") is entered into this 1st day of January, 2002, by and between Kidney Stone Real Estate, an Illinois Limited Liability Company (the "Lessor") and United Urology Centers, LLC, a Delaware limited liability company, (the "Lessee").

**WHEREAS**, Lessor desires to lease to Lessee approximately 3,934 square feet on the premises located at 120 N. La Grange Road, La Grange, Illinois (the "Premises") and Lessee desires to lease the Premises to Sublessee and Sublessee desires to enter into such a sublease;

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. **Term:** The term of this Lease shall be for sixty (60) months commencing on January 1, 2002 and ending on December 31, 2006. (hereinafter referred to as the "Termination Date"), unless sooner terminated as provided herein.
2. **Rent.** Lessee shall pay Lessor, at Lessor's office at Parkside Urologic Centers, 1875 W. Dempster Street, Suite 385, Park Ridge, Illinois 60068, or at such other place as Lessor may from time to time designate in writing, the following amounts:
  - (a) **Base Rental.** The annual sum of Sixty Nine Thousand Forty Four Dollars (\$69,044) payable monthly in advance and in installments of Five Thousand Six Hundred Forty One Dollars (\$5,641) during the Term.
  - (b) **Rent Adjustments.** Lessor and Lessee agree that the Base Rental shall be adjusted Six Percent (6%) on an annual basis throughout the Term of this Lease.
  - (c) **Taxes.** Lessee shall pay 100% of the Real Estate taxes for the Premises.
3. **Use:** Lessee shall use and occupy the premises for the purpose of providing medical services on an outpatient basis. The premises shall be used for no other purpose. Lessor represents that the premises may lawfully be used for such purpose.
4. **Care and Maintenance of Premises:** Lessee acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Lessee shall at his own expense and at all times, maintain the premises in good and safe condition, including roof, plate glass, electrical wiring, plumbing and heating installations, snow removal, and any other system or equipment upon the premises and shall surrender the same, at termination hereof, in as good condition as received normal wear and tear excepted. Lessee shall be responsible for all repairs required including roof repairs, excepting exterior walls and structural foundations which shall be maintained by Lessor. Lessee shall also maintain in good conditions such portions adjacent to the premises such as sidewalks, driveways, lawns and shrubbery, which would otherwise be required to be maintained by Lessor. Lessee is responsible for the costs which are reimbursable by Lessor to the owner of the parking lot South of and adjoining the Property for repairing, maintaining, plowing and keeping clean said parking lot.
5. **Alterations.** Lessee shall not, without first obtaining the written consent of Lessor, make any alterations, additions, or improvements, in to or about the premises.


6. Ordinances and Statutes: Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the premises, occasioned by or affecting the use thereof by Lessee.
7. Assignment and Subletting: Lessee shall not assign this lease or sublet any portion of the premises without prior written consent of the Lessor, which shall not be unreasonable withheld. Any such assignment or subletting without consent shall be void and, at the option of the Lessor, may terminate this lease.
8. Utilities. All applications and connections for necessary utility service on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for sewer, waste, gas, electricity and telephone services.
9. Entry and Inspection. Lessee shall permit Lessor or Lessor's agents to enter upon the premises at reasonable times and upon reasonable notice, for the purpose of inspecting the same, and will permit Lessor at any time within sixty (60) days prior to the expiration of this lease, to place upon the premises any usual "To Let" or "For Lease" signs, and permit persons desiring to lease the same to inspect the premises hereunder.
10. Possession. If Lessor is unable to deliver possession of the premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby; not shall this lease be void or voidable, but Lessee shall not be liable for any rent until possession is delivered. Lessee may terminate his lease if possession is not delivered within five days of the commencement of the term hereof.
11. Indemnification of Lessor: Lessor shall not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the demised premises or any part thereof, and Lessee agrees to hold Lessor harmless from any claims for damages, no matter how caused.
12. Insurance. Lessee, at his expense, shall maintain plate glass and public liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage. All insurance policies shall include the Lessor, Kidney Stone Real Estate, LLC as an additional insured thereunder.
13. Eminent Domain. If the premises or any part thereof or any estate therein, or any other part of the building materially affecting Lessee's use of the premises, shall be taken by eminent domain, this lease shall terminate on the date when title vest pursuant to such taking. The rent, and any additional rent, shall be apportioned as the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof, but Lessee may file a claim for any taking of fixtures and improvements owned by Lessee, and for moving expenses.
14. Destruction of Premises. In the event of a partial destruction of the premises during the term hereof, from any cause, Lessor shall forthwith repair the same, provided that such repairs can be made within sixty (60) days under existing governmental laws and regulations, but such partial destruction shall not terminate this lease, except that Lessee shall be entitled to a proportionate reduction of rent while such repairs are being made, based upon the extent to which the making of such repairs shall interfere with the business of Lessee on the premises.

If such repairs cannot be made within said sixty (60) days, Lessor at his option, may make the same within a reasonable time, this lease continuing in effect with the rent proportionally abated as aforesaid, and in the event that Lessor shall not elect to make such repairs which cannot be made within sixty (60) days, this lease may be terminated at the option of either party. In the event that the building in which the demised premises may be situated is destroyed to an extent of not less than one-third of the replacement costs thereof, Lessor may elect to terminate this lease whether the demised premises be injured or not. A total destruction of the building in which the premises may be situated shall terminate this lease.


15. Lessor's Remedies on Default. If Lessee defaults in the payment of rent, or any additional rent, or defaults in the performance of any of the other covenants or conditions hereof, Lessor may give Lessee notice of such default and if Lessee does not cure any such default within thirty (30) days, after the giving of such notice (or if such other default is of such nature that it cannot be completely cured within such period, if Lessee does not commence such curing within thirty days and thereafter proceed with reasonable diligence and in good faith to cure such default), then Lessor may terminate this lease on not less than ninety (90) days notice to Lessee. On the date specified in such notice the term of this lease shall terminate, and Lessee shall then quit and surrender the premises to Lessor, without extinguishing Lessee's liability. If this lease shall have been so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and their effects. No failure to enforce any term shall be deemed a waiver.
16. Attorney's Fees. In the case suit should be brought for recovery of the premises, or for any sum due hereunder, or because of any act which may arise out of the possession of the premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including a reasonable attorney's fee.
17. Waiver. No failure of Lessor to enforce any term hereof shall be deemed to be a waiver.
18. Notices. Any notice which either party may or is required to give, shall be given by mailing to Lessee at the premises or Lessor at the address specified above, or at such other places as may be designated by the parties from time to time.
19. Heirs, Assigns, Successors. This lease is binding upon and inures to the benefit of the heirs, assigns, and successors in interest to the parties.
20. Option to Renew. Provided that Lessee is not in default in the performance of this lease, Lessee shall have the option to renew the lease for two additional terms of sixty (60) months commencing at the expiration of the initial lease term. The option shall be exercised by written notice given to the Lessor not less than ninety (90) days prior to the expiration of the initial lease term. If notice is not given in the manner provided therein within the time specified, this option shall expire.
21. Subordination. This lease is and shall be subordinated to all existing and future liens and encumbrances against the property.
22. Entire Agreement. The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by both parties.

IN WITNESS WHEREOF the parties hereto have executed this Lease Agreement the date first set forth above.

LESSOR:  
Kidney Stone Real Estate, LLC

By:   
Its:

LESSEE:  
United Urology Centers, LLC

By:   
Its: *me*



1111 E. TOUHY AVENUE, SUITE 240  
DES PLAINES, IL 60018  
P 847.544.5987  
F 847.544.5955

WWW.UNITEDSHOCKWAVE.COM

September 25, 2006

Kidney Stone Real Estate, L.L.C.  
1111 East Touhy Avenue, Suite 240  
Des Plaines, Illinois 60018

**Re: Lease dated January 1, 2002 ("Lease"), by Kidney Stone Real Estate, L.L.C. ("Lessor") and United Urology Centers, LLC ("Lessee") for the 3,934 square-foot premises located at 120 N. La Grange Rd., La Grange, Illinois ("Premises").**

By this letter agreement ("Agreement"), Lessor and Lessee agree that Lessee has properly and timely exercised its option to renew the Term of the Lease as provided in paragraph 20 of the Lease. As a result, the "Term" of the Lease is extend for an additional sixty (60) months and will expire on December 31, 2011.

Paragraph 2(b) of the Lease is hereby deleted and substituted with the following:

"Rent Adjustments. Lessor and Lessee agree that the Base Rental shall be increased by Six Percent (6%) on an annual basis throughout the Term of this Lease (including any renewal periods thereof), which increase may be made by Lessor on September 1 of each year or on such other date as Lessor may choose, in its reasonable discretion."

Paragraph 2(c) of the Lease is hereby deleted and substituted with the following:

"Taxes. Lessee shall pay One Hundred Percent (100%) of all real estate taxes for the Premises directly to all applicable taxing authorities."

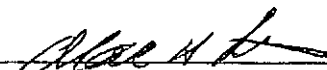
All capitalized terms used in this Agreement shall have the same meanings as set forth in the Lease, unless otherwise defined in this Agreement. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original.


AGREED BY LESSOR:

AGREED BY LESSEE:

KIDNEY STONE REAL ESTATE, L.L.C.

UNITED UROLOGY CENTERS, LLC

By:   
Print Name: MARC A. RUBENSTEIN  
Title: Manager

By:   
Print Name: Julie Grego  
Title: COO

**United Urology Centers )))**

1111 E. TOUHY AVENUE, SUITE 240  
DES PLAINES, IL 60018  
P 847.544.5867  
F 847.544.5950

WWW.UNITEDSHOCKWAVE.COM

September 20, 2010

Kidney Stone Real Estate, L.L.C.  
1111 East Touhy Avenue, Suite 240  
Des Plaines, Illinois 60018

**Re: Lease dated January 1, 2002, previously extended and amended on September 25, 2006 (the "Lease"), by Kidney Stone Real Estate, L.L.C. (the "Lessor") and United Urology Centers, LLC (the "Lessee") for the premises located at 120 N. La Grange Rd., La Grange, Illinois (the "Premises")**

By this letter agreement (this "Agreement"), Lessor and Lessee agree that Lessee has properly and timely exercised its option to renew the Term of the Lease as provided in paragraph 20 of the Lease. As a result, the "Term" of the Lease is extended for an additional sixty (60) months and will expire on December 31, 2016.

Paragraph 2(b) of the Lease is hereby deleted and substituted with the following:

"Rent Adjustments. Lessor and Lessee agree that the Base Rental shall be increased by Six Percent (6%) on an annual basis throughout the Term of this Lease (including any renewal periods thereof), which increase may be made by Lessor on September 1 of each year or on such other date as Lessor may choose, in its reasonable discretion."

Paragraph 2(c) of the Lease is hereby deleted and substituted with the following:

"Taxes. Lessee shall pay One Hundred Percent (100%) of all real estate taxes for the Premises directly to all applicable taxing authorities."

All capitalized terms used in this Agreement shall have the same meanings as set forth in the Lease, unless otherwise defined in this Agreement. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original.

AGREED BY LESSOR:

KIDNEY STONE REAL ESTATE, L.L.C.

By: *Donald Norris*

Print Name: DONALD NORRIS

Title: MLR

AGREED BY LESSEE:

UNITED UROLOGY CENTERS, LLC

By: *F. Bruce Coker*

Print Name: F. Bruce Coker

Title: COO

**United Urology Centers** )))

1111 E. TOUHY AVENUE, SUITE 240  
DES PLAINES, IL 60018  
P 847.544.5867  
F 847.544.5950

WWW.UNITEDSHOCKWAVE.COM

September 12, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

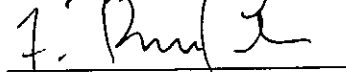
Re: Fair Market Value of Space Lease

Dear Mr. Constantino:

I have reviewed the definitions of "fair market value" located at 77 Ill. Admin. Code §§ 1120.10(b)(6) and 1130.140. I am also familiar with the various rules and regulations concerning the submission of accurate materials to the Illinois Health Facilities & Services Review Board. Based on the foregoing, I hereby certify the following:

1. United Urology Centers LLC (the "Applicant") is a Joint Commission accredited lithotripsy center located at 120 North LaGrange Road in LaGrange, Illinois (the "Space").
2. The Applicant executed a certain Lease Agreement for the Space on January 1, 2002 (the "Space Lease").
3. The Space Lease currently expires on December 31, 2016.
4. Under the terms of the Space Lease, the Applicant leases 3,934 rentable square feet.
5. In 2011, the annual rent for the Space will be \$116,648, and will increase by six percent (6%) per year thereafter.
6. It is my belief that an eight (8%) discount rate is normal and customary.
7. Based on the foregoing, the fair market value of the Space Lease would be \$627,415.63.

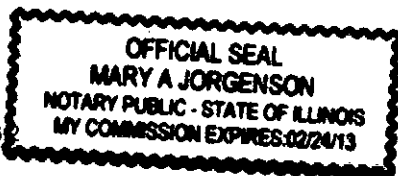
Sincerely,



F. Bruce Cohen  
Chief Operating Officer

SUBSCRIBED AND SWORN  
to before me this 20<sup>th</sup> day  
of September, 2010.

Mary A. Jorgenson  
Notary Public



United Shockwave Therapy Center -- LaGrange

Description	Unit	Quantity	Unit Cost	Total	Clinical Allocation	Non-Clinical Allocation
<b>Construction Costs:</b>						
Demolition	sf	3934	\$2.50	\$9,835.00	2,219 RSF	1,715 RSF
New Partitions	ea	1	\$8,000.00	\$8,000.00	\$5,547.50	\$4,287.50
Doors & Frames	ea	8	\$1,000.00	\$8,000.00	\$4,512.46	\$3,487.54
Flooring & Base	sf	3934	\$2.00	\$7,868.00	\$4,438.00	\$3,430.00
Acoustic Tile Ceiling	sf	3460	\$2.60	\$8,996.00	\$5,074.26	\$3,921.74
Procedure Rm. Ceiling	sf	440	\$4.00	\$1,760.00	\$992.74	\$767.26
Painting & Decorating	ea	1	\$3,200.00	\$3,200.00	\$1,804.98	\$1,395.02
Procedure Rm. Structural Modifications	ea	1	\$4,000.00	\$4,000.00	\$2,256.23	\$1,743.77
Plumbing Modifications	ea	8	\$3,690.00	\$29,520.00	\$16,650.96	\$12,869.04
Electrical Modifications	ea	1	\$34,735.00	\$34,735.00	\$19,592.52	\$15,142.48
Replacement Roof Top Units & Ductwork	ea	3	\$21,000.00	\$63,000.00	\$35,535.59	\$27,464.41
Exhaust Systems	ea	2	\$3,600.00	\$7,200.00	\$4,061.21	\$3,138.79
Med Gas Modifications	ea	1	\$6,000.00	\$6,000.00	\$3,384.34	\$2,615.66
Dark Room Modifications	ea	1	\$4,000.00	\$4,000.00	\$2,256.23	\$1,743.77
Fire Protection Installation	sf	3934	\$7.70	\$30,291.80	\$17,086.30	\$13,205.50
4" water service w/ RPZ	ea	1	\$24,000.00	\$24,000.00	\$13,537.37	\$10,462.63
Roof Penetrations & repair	ea	5	\$1,500.00	\$7,500.00	\$4,230.43	\$3,269.57
Exterior Handrails	ea	2	\$2,500.00	\$5,000.00	\$2,820.28	\$2,179.72
Interior Signage	ea	1	\$1,500.00	\$1,500.00	\$846.09	\$653.91
Casework	ea	1	\$15,000.00	\$15,000.00	\$8,460.85	\$6,539.15
Equipment Relocation and Shielding	ea	1	\$25,000.00	\$25,000.00	\$14,101.42	\$10,898.58
Final Cleaning	ea	1	\$2,500.00	\$2,500.00	\$1,410.14	\$1,089.86
General Contractor Conditions	ea	1	\$18,000.00	\$18,000.00	\$10,153.02	\$7,846.98
General Contractor Overhead & Profit	ea	1	\$18,000.00	\$18,000.00	\$10,153.02	\$7,846.98
<b>Construction Costs</b>				<b><u>\$342,905.80</u></b>	<b><u>\$193,418.40</u></b>	<b><u>\$149,487.40</u></b>
<b>Contingencies</b>				<b><u>\$34,289.58</u></b>	<b><u>\$19,341.28</u></b>	<b><u>\$14,948.30</u></b>
<b>Total Construction Costs &amp; Contingencies</b>				<b><u>\$377,195.38</u></b>	<b><u>\$212,759.67</u></b>	<b><u>\$164,435.71</u></b>

Architect Design Fees	\$26,000.00	\$14,665.48	\$11,334.52
Owner Rep Fees	\$48,000.00		
Licensing Review Fees & Permits	\$2,400.00		
CON Application Fees	\$2,500.00		
CON Preparation/Legal Fees	\$35,000.00		
Total Consulting Fees	\$87,900.00	\$49,580.60	\$38,319.40
Fair Market Value of Leased Space	\$627,415.36	\$353,897.99	\$273,517.37
<u>Total Costs</u>	<u>\$1,118,510.74</u>	<u>\$630,903.74</u>	<u>\$487,607.00</u>

**Section III**  
**Attachment 11**  
**Background of the Applicants**

1. The Applicant currently owns and operates the LaGrange Facility, which is the site of the proposed Surgery Center in this Project. Copies of the current Joint Commission accreditation and the CLIA Certification for the LaGrange Facility are attached at ATTACHMENT 11.
2. The Applicant also owns and operates a Joint Commission accredited lithotripsy and laser center at 1875 West Dempster, Suite G-04, Park Ridge, Illinois (the "Park Ridge Facility").
3. The Applicant also provides lithotripsy services through mobile service to hospitals and surgery centers in Illinois and across the country. All told, the Applicant is currently operating lithotripters in approximately 115 sites in the states of Illinois, Iowa, Indiana, Maine, Pennsylvania, New York, Oregon, Washington and Wisconsin.
4. None of the lithotripsy and laser centers owned and operated by the Applicant are currently licensed under Illinois law.
5. On or about July 8, 2010, the Applicant (and other parties) executed a certain Settlement Agreement and a certain Corporate Integrity Agreement (collectively, the "Agreements") with the Office of Inspector General of the United States Department of Health & Human Services. Copies of the Agreements are attached at ATTACHMENT 11.
6. Other than the Agreements, there have been no adverse actions taken against any facility owned or operated by the Applicant during the three (3) years prior to the filing of this Application. A letter certifying that information is attached at ATTACHMENT 11.
7. An authorization letter granting access to the Board and the Illinois Department of Public Health ("IDPH") to verify information about the Applicant is attached at ATTACHMENT 11.
8. The Applicant has no other pending projects before the Board.

United Shockwave Therapies  
Park Ridge, IL

United Shockwave Therapies - West  
La Grange, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for accreditation.

March 5, 2008

Accreditation is customarily valid for up to 39 months.

A handwritten signature in cursive script.

David L. Nahrwold, M.D.  
Chairman of the Board

98933  
Organization ID #

A handwritten signature in cursive script.

Mark Chassin, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
UNITED SHOCKWAVE THERAPIES WEST 120 NORTH LAGRANGE ROAD LA GRANGE, IL 60525	14D0921349
LABORATORY DIRECTOR	EFFECTIVE DATE
PATRICIA A MURPHY	10/25/2008
	EXPIRATION DATE
	10/24/2010

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

070 cehst\_092708

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://WWW.CMS.HHS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



September 12, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §§ 1110.230(a)(3)(A) and (B), I hereby certify the following:

1. On or about July 8, 2010, United Urology Centers LLC (and other affiliates) executed a certain Settlement Agreement and a certain Corporate Integrity Agreement (collectively, the "Agreements") with the Office of Inspector General of the United States Department of Health & Human Services, copies of which are attached hereto.

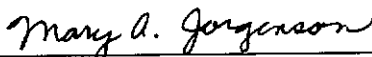
2. Other than the Agreements, there have been no adverse actions taken against any facility owned or operated by United Urology Centers LLC during the three (3) years prior to the filing of this application.

Sincerely,

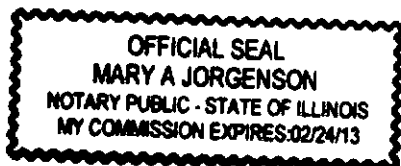


By: F. Bruce Cohen  
Chief Operating Officer

Subscribed and Sworn to before me  
this 20<sup>th</sup> day of September, 2010



Notary Public



## SETTLEMENT AGREEMENT

### I. Recitals

1. Parties. The Parties to this Settlement Agreement (Agreement) are the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS) and United Prostate Centers, LLC (UPC), United Urology Centers, LLC (UUC), and United Shockwave Services, Ltd. (USS), (collectively, United). OIG and United shall hereafter collectively be referred to as the "Parties."

2. Description of the Civil Money Penalty, Assessment, and Exclusion for Kickbacks. 42 U.S.C. § 1320a-7a(a)(7), a provision of the Civil Monetary Penalties Law (CMPL), provides that any person who knowingly and willfully solicits or receives remuneration in return for Federal health care program referrals is subject to a civil money penalty of not more than \$50,000 for each such act. In addition, such person is also subject to an assessment of not more than three times the total amount of remuneration solicited or received, without regard to whether a portion of such remuneration was solicited or received for a lawful purpose. In addition, such person may be excluded from participation in the Federal health care programs, as defined in 42 U.S.C. § 1320a-7b(f).

3. Description of the Civil Money Penalty, Assessment, and Exclusion for Violations of the Physician Self-Referral Law. 42 U.S.C. § 1395nn(g)(3), a provision of the Physician Self-Referral Law (Stark Law), provides that any person that presents or causes to be presented a bill or a claim for a designated health service that such person knows or should know is for a designated health service for which no payment may be made under 42 U.S.C. § 1395nn(a) is subject to a civil money penalty of not more than \$15,000 for each such service. In addition, such person is also subject to an assessment of not more than three times the amount claimed for such services. Such person may also be excluded from participation in the Federal health care programs. See also 42 U.S.C. § 1320a-7a.

4. Description of Permissive Exclusion Authority for Kickbacks. 42 U.S.C. § 1320a-7(b)(7) authorizes the Secretary of HHS, acting through the OIG, to exclude from participation in any Federal health care program any individual or entity that has committed an act which is described in 42 U.S.C. §§ 1320a-7a, 1320a-7b, or 1320a-8.

5. Factual Background and Covered Conduct. The OIG contends that during the period of January 1, 2005, through September 30, 2009 (the "Relevant Time Period"), United provided lithotripsy and laser services and items to treat kidney and other stones, and benign prostatic hyperplasia, and that, in connection with the provision of these services and items, United solicited and received remuneration, in the form of contracts,

from various hospitals in Illinois, Indiana, and Iowa in exchange for the referral of patients to such hospitals. The OIG further contends that these referrals resulted, in part, from United's business practices regarding investment in, and divestiture from, United by physicians.

The OIG contends that the foregoing conduct is in violation of 42 U.S.C. § 1320a-7b(b)(1) and (2). The OIG also contends that the remuneration described above created a financial relationship under 42 U.S.C. § 1395nn(a)(2) and that United caused certain hospitals to present claims for designated health services furnished during the Relevant Time Period that resulted from the prohibited referrals in violation of 42 U.S.C. § 1395nn(a)(1).

The OIG contends that the conduct described in this Paragraph 5 (hereinafter referred to as the "Covered Conduct") subjects United to civil monetary penalties and assessments under 42 U.S.C. §§ 1395nn(g)(3) and 1320a-7a(a)(7), and exclusion under 42 U.S.C. §§ 1395nn(g)(3), 1320a-7a(a)(7) and 1320a-7(b)(7).

6. No Admission nor Concession. This Agreement is neither an admission of any violation, wrongdoing, or liability by United nor a concession by the OIG that its contentions and claims are not well-founded.

7. Intention of Parties to Effect Settlement. In order to avoid the delay, uncertainty, inconvenience, and expense of protracted litigation, the Parties agree to resolve this matter according to the Terms and Conditions below.

## II. Terms and Conditions

8. Payment. United agrees to pay to the OIG \$7,359,500 (Settlement Amount). This payment shall be made by electronic funds transfer pursuant to written instructions to be provided by the OIG to United. United shall make full payment no later than three business days after the Effective Date.

9. Release by the OIG. In consideration of the obligations of United under this Agreement and the Corporate Integrity Agreement (CIA) entered into between OIG and United, and conditioned upon United's full payment of the Settlement Amount, the OIG releases United, its predecessor entities and assigns, as well as their current and former officers, directors, employees, managers, shareholders, and members, from any claims or causes of action it may have under 42 U.S.C. §§ 1395nn(g)(3), 1320a-7a(a)(7), and 1320a-7(b)(7) for the Covered Conduct during the Relevant Time Period. The OIG and HHS do not agree to waive any rights, obligations, or causes of action other than those specifically referred to in this Paragraph. This release is applicable only to United and

the above-described individuals and entities, and is not applicable in any manner to any other individual, partnership, corporation, or entity.

10. Agreement by United. United shall not contest the Settlement Amount or any other term of this Agreement in any federal, state, or administrative forum. United waives all procedural rights granted under the exclusion statute (42 U.S.C. § 1320a-7), the CMPL (42 U.S.C. § 1320a-7a) and related regulations (42 C.F.R. Parts 1001, 1003, and 1005), and HHS claims collection regulations (45 C.F.R. Part 30), including, but not limited to, notice, hearing, and appeal with respect to the Settlement Amount.

11. Reservation of Claims. Notwithstanding any term of this Agreement, specifically reserved and excluded from the scope and terms of this Agreement as to any entity or person (including United) are the following:

- a. Any criminal, civil, or administrative claims arising under Title 26 U.S. Code (Internal Revenue Code);
- b. Any criminal liability;
- c. Except as explicitly stated in this Agreement, any administrative liability, including mandatory exclusion from Federal health care programs; and
- d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct.

12. Binding on Successors. This Agreement is binding on United and its successors, heirs, transferees, and assigns.

13. Costs. Each Party to this Agreement shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

14. No Additional Releases. This Agreement is intended to be for the benefit of the Parties only, and by this instrument the Parties do not release any claims against any other person or entity, except as provided in Paragraph 15.

15. Claims Against Beneficiaries. United waives and shall not seek payment, including copay and deductible amounts, for any of the health care billings covered by this Agreement from any federal or state health care beneficiaries or their parents, sponsors, legally responsible individuals, or third party payors for any services

provided to federal or state health care program beneficiaries based upon the claims defined as Covered Conduct during the Relevant Time Period.

16. Effect of Agreement. This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement. Any modifications to this Agreement shall be set forth in writing and signed by all Parties. United represents that this Agreement is entered into with advice of counsel. United further represents that this Agreement is entered into voluntarily in order to avoid litigation.

17. Effective Date. The Effective Date of this Agreement shall be the date of signing by the last signatory.

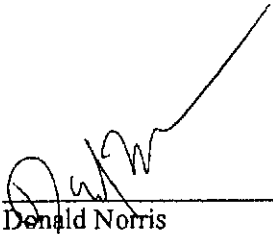
18. Disclosure. United consents to the OIG's disclosure of this Agreement, and information about this Agreement, to the public.

19. Execution in Counterparts. This Agreement may be executed in counterparts, each of which constitutes an original, and all of which shall constitute one and the same agreement.

20. Authorizations. The individuals signing this Agreement on behalf of United represent and warrant that they are authorized by United to execute this Agreement. The individuals signing this Agreement on behalf of the OIG represent and warrant that they are signing this Agreement in their official capacities and that they are authorized to execute this Agreement.

21. Corporate Integrity Agreement. United has entered into a CIA with OIG, attached as Exhibit 1, which is incorporated into this Agreement by reference. United shall implement its obligations under that CIA in accordance with its terms.

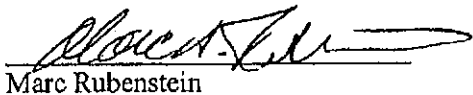
ON BEHALF OF UNITED



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Donald Norris  
Manager, United Urology Centers, LLC  
Manager, United Prostate Centers, LLC  
Secretary, United Shockwave Services, Ltd.

6/30/10  
Date



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Marc Rubenstein  
Manager, United Urology Centers, LLC  
Manager, United Prostate Centers, LLC  
President, United Shockwave Services, Ltd.

6/30/10  
Date



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Thomas L. Mills  
Counsel for United  
Winston & Strawn, LLP

7/1/10  
Date

FOR THE OFFICE OF INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND  
HUMAN SERVICES



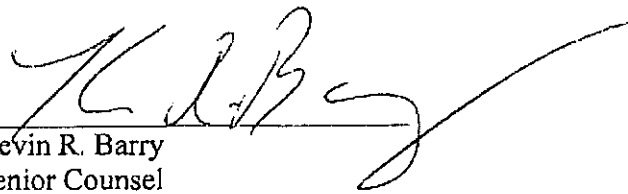
Gregory E. Demske  
Assistant Inspector General for Legal Affairs  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services

7/8/10  
Date



Brian D. Bewley  
Senior Counsel  
Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services

July 7, 2010  
Date



Kevin R. Barry  
Senior Counsel  
Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services

7/1/10  
Date

**CORPORATE INTEGRITY AGREEMENT  
BETWEEN THE  
OFFICE OF INSPECTOR GENERAL  
OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AND  
UNITED PROSTATE CENTERS, LLC, UNITED UROLOGY CENTERS, LLC, UNITED  
SHOCKWAVE SERVICES, LTD., AND UNITED THERAPIES, LLC**

**I. PREAMBLE**

United Prostate Centers, LLC (UPC), United Urology Centers, LLC (UUC), United Shockwave Services, Ltd. (USS), and United Therapies, LLC (UT) (collectively, United) hereby enter into this Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS) to promote compliance with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) (Federal health care program requirements). Contemporaneously with this CIA, United is entering into a Settlement Agreement with OIG.

**II. TERM AND SCOPE OF THE CIA**

A. The period of the compliance obligations assumed by United under this CIA shall be five years from the effective date of this CIA, unless otherwise specified. The effective date shall be the date on which the final signatory of this CIA executes this CIA (Effective Date). Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a "Reporting Period."

B. Sections VII, X, and XI shall expire no later than 120 days after OIG's receipt of: (1) United's final annual report; or (2) any additional materials submitted by United pursuant to OIG's request, whichever is later.

C. The scope of this CIA shall be governed by the following definitions:

1. "Arrangements" shall mean every arrangement or transaction that involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value; and is between United and any hospital actually or potentially receiving referrals from United or United Physician Investors.



2. "Focus Arrangements" means every arrangement or transaction with respect to the provision of Greenlight Laser and Extracorporeal Shockwave Lithotripsy (ESWL) services (including providing equipment, supplies, technicians, and related items) that is between United and any hospital in the states of Illinois, Iowa, and Indiana that receives referrals from United or United Physician Investors for the above-mentioned services.

3. "Covered Persons" means all United employees, officers, directors, and Managers.

Notwithstanding the above, this term does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours per year, except that any such individuals shall become "Covered Persons" at the point when they work more than 160 hours during the calendar year.

4. "United Physician Investors" means all current and future Class A members of UUC and, if applicable, UPC.

5. "United Manager" means United's highest ranking company official(s).

6 "Greenlight Laser" means the Greenlight PVP or Greenlight HPS laser.

### **III. CORPORATE INTEGRITY OBLIGATIONS**

United shall establish and maintain a Compliance Program that includes the following elements:

#### **A. Compliance Officer**

1. *Compliance Officer.* Within 90 days after the Effective Date, United shall appoint an individual to serve as its Compliance Officer and shall maintain a Compliance Officer for the term of the CIA. The Compliance Officer shall be responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in this CIA and with Federal health care program requirements. The Compliance Officer shall be a member of senior management of United, shall report directly to United Managers and executive leadership and shall make periodic (at least quarterly) reports regarding compliance matters directly

to United Managers and executive leadership and shall be authorized to report on such matters to the executive leadership at any time. The Compliance Officer shall not be a United Manager, the General Counsel, or Chief Financial Officer. The Compliance Officer shall not be subordinate to the General Counsel or Chief Financial Officer. The Compliance Officer shall be responsible for monitoring the day-to-day compliance activities engaged in by United as well as for any reporting obligations created under this CIA. Any non-compliance job responsibilities of the Compliance Officer shall be limited and must not interfere with the Compliance Officer's ability to perform the duties outlined in this CIA.

United shall report to OIG, in writing, any changes in the identity or position description of the Compliance Officer, or any actions or changes that would affect the Compliance Officer's ability to perform the duties necessary to meet the obligations in this CIA, within five days after such a change.

B. Written Standards.

1. *Code of Conduct.* Within 90 days after the Effective Date, United shall develop, implement, and distribute a written Code of Conduct to all Covered Persons. The Code of Conduct should be made available to all United Physician Investors online, which may be on a site to which access is limited to Covered Persons and United Physician Investors. United shall make the promotion of, and adherence to, the Code of Conduct an element in evaluating the performance of all employees. The Code of Conduct shall, at a minimum, set forth:

- a. United's commitment to full compliance with all Federal health care program requirements;
- b. United's requirement that all of its Covered Persons and United Physician Investors shall be expected to comply with all Federal health care program requirements and with United's own Policies and Procedures;
- c. the requirement that all of United's Covered Persons and United Physician Investors shall be expected to report to the Compliance Officer, or other appropriate individual designated by United, suspected violations of any Federal health care program requirements or of United's own Policies and Procedures;

d. the right of all individuals to use the Disclosure Program described in Section III.F, and United's commitment to nonretaliation and to maintain, as appropriate, confidentiality and anonymity with respect to such disclosures.

Within 90 days after the Effective Date, each Covered Person shall certify, in writing, that he or she has received, read, understood, and shall abide by United's Code of Conduct. New Covered Persons shall receive the Code of Conduct and shall complete the required certification within 30 days after becoming a Covered Person or within 90 days after the Effective Date, whichever is later.

United shall periodically review the Code of Conduct to determine if revisions are appropriate and shall make any necessary revisions based on such review. Any revised Code of Conduct shall be distributed and posted online, which may be on a site to which access is limited to Covered Persons and United Physician Investors, within 30 days after any revisions are finalized. Each Covered Person shall certify, in writing, that he or she has received, read, understood, and shall abide by the revised Code of Conduct within 30 days after the distribution of the revised Code of Conduct.

2. *Policies and Procedures.* Within 90 days after the Effective Date, United shall implement written Policies and Procedures regarding the operation of United's compliance program, including the compliance program requirements outlined in this CIA, and United's compliance with Federal health care program requirements. The Policies and Procedures also shall address:

- a. 42 U.S.C. § 1320a-7b(b) (Anti-Kickback Statute) and 42 U.S.C. § 1395nn (Stark Law), and the regulations and other guidance documents related to these statutes, and business or financial arrangements or contracts that generate unlawful Federal health care program business in violation of the Anti-Kickback Statute or the Stark Law;
- b. the requirements set forth in Section III.D (Compliance with the Anti-Kickback Statute and Stark Law); and
- c. systems, processes, policies, and procedures relating to the negotiation of contracts between United and hospitals for the provision of Greenlight Laser or ESWL items and services,

including United Physician Investors' role, if any, in such negotiations.

Within 90 days after the Effective Date, the relevant portions of the Policies and Procedures shall be distributed to all Covered Persons whose job functions relate to those Policies and Procedures and be made available to Covered Persons and United Physician Investors online, which may be on a site to which access is limited to Covered Persons and United Physician Investors. Appropriate and knowledgeable staff shall be available to explain the Policies and Procedures.

At least annually (and more frequently, if appropriate), United shall assess and update, as necessary, the Policies and Procedures. Within 30 days after the effective date of any revisions, the relevant portions of any such revised Policies and Procedures shall be distributed to all Covered Persons whose job functions relate to those Policies and Procedures and updated online.

### C. Training and Education.

1. *General Training.* Within 90 days after the Effective Date, United shall provide at least two hours of in-person General Training to each Covered Person. Covered Persons residing outside of the states of Illinois, Indiana, and Iowa may participate by video or web-based conference. This training, at a minimum, shall explain United's:

- a. CIA requirements; and
- b. Compliance Program, including the Code of Conduct.

New Covered Persons shall receive the General Training described above within 30 days after becoming a Covered Person or within 90 days after the Effective Date, whichever is later. New Covered Person General Training can be fulfilled by in-person training or another effective method of instruction on the same topics. After receiving the initial General Training described above, each Covered Person shall receive at least one hour of General Training in each subsequent Reporting Period which need not be in-person.

2. *Arrangements Training.* Within 90 days after the Effective Date, each Covered Person, other than those whose jobs are described on Appendix C, shall receive at least three hours of in-person Arrangements Training, in addition to the General

Training required above. Covered Persons whose jobs are described on Appendix C shall receive at least one hour of in-person Arrangements Training in addition to the General Training required above. Covered Persons residing outside the states of Illinois, Indiana, and Iowa may participate by video or web-based conference. The Arrangements Training shall include a discussion of:

- a. Arrangements that potentially implicate the Anti-Kickback Statute or the Stark Law, as well as the regulations and other guidance documents related to these statutes;
- b. United's policies, procedures, and other requirements relating to Arrangements and Focus Arrangements including, but not limited to, the Focus Arrangements Tracking System, the internal review and approval process, and the tracking of remuneration to and from hospitals required by Section III.D.1.b of the CIA;
- c. the personal obligation of each individual involved in the development, approval, management, or review of United's Arrangements to know the applicable legal requirements and United's policies and procedures;
- d. the legal sanctions under the Anti-Kickback Statute and the Stark Law; and
- e. relevant examples of violations of the Anti-Kickback Statute and the Stark Law.

New Covered Persons shall receive this training within 30 days after the beginning of their employment or becoming Covered Persons, or within 90 days after the Effective Date, whichever is later. New Covered Persons need not receive this training in-person.

After receiving the initial Arrangements Training described in this Section, each Covered Person, other than those whose jobs are described on Appendix C, shall receive at least two hours of Arrangements Training in each subsequent Reporting Period. This training need not be in-person. After receiving the initial Arrangements Training described in this Section, Covered Persons whose jobs are described in Appendix C shall receive at least one hour of Arrangements Training in each subsequent Reporting Period.

3. *United Physician Investor Letter.* Within 90 days after the Effective Date, and annually thereafter by the anniversary of the Effective Date, United shall send a letter to each current United Physician Investor. The letter shall summarize United's obligations under the CIA and its commitment to full compliance with all Federal health care program requirements. The letter also must describe United's Compliance Program and explain how to access the Code of Conduct, Policies and Procedures, and the CIA on United's website. New United Physician Investors shall receive the letter within 30 days of becoming a United Physician Investor.

4. *Certification.* Each individual who is required to attend training shall certify, in writing, or in electronic form, if applicable, that he or she has received the required training. The certification shall specify the type of training received and the date received. The Compliance Officer (or designee) shall retain the certifications, along with all course materials. These shall be made available to OIG, upon request.

5. *Qualifications of Trainer.* Persons providing the training shall be highly knowledgeable about the subject area.

6. *Update of Training.* United shall review the training annually, and, where appropriate, update the training to reflect changes in Federal health care program requirements, any issues discovered during internal audits or the Arrangements Review, and any other relevant information.

7. *Training Media.* Other than the initial General Training and initial Arrangements Training (and except as specified in Sections III.C.1 & 2), United may provide the training required under this CIA through appropriate video, computer-based or other similar effective training methods. If United chooses to provide computer-based training, it shall make available an appropriately qualified and knowledgeable staff member or trainer to answer questions or provide additional information to the individuals receiving such training.

D. Compliance with the Anti-Kickback Statute and Stark Law.

1. *Focus Arrangements Procedures.* Within 90 days after the Effective Date, United shall create procedures reasonably designed to ensure that each existing and new or renewed Focus Arrangement does not violate the Anti-Kickback Statute and/or the Stark Law or the regulations, directives, and guidance related to these statutes (Focus Arrangements Procedures). These procedures shall include the following:

- a. creating and maintaining a centralized tracking system for all existing and new or renewed Focus Arrangements (Focus Arrangements Tracking System);
- b. tracking remuneration to and from United and hospitals that are parties to Focus Arrangements, except for contracts for the provision of items, services, or equipment on a per procedure or periodic rate, United is only required to track the remuneration that varies from the agreed upon rate;
- c. establishing and implementing a written review and approval process for all Focus Arrangements, the purpose of which is to ensure that all new and existing or renewed Focus Arrangements do not violate the Anti-Kickback Statute and Stark Law, and that includes at least the following: (i) a legal review of all Focus Arrangements by counsel with expertise in the Anti-Kickback Statute and Stark Law, (ii) a process for specifying the business need or business rationale for all Focus Arrangements, and (iii) for ESWL Focus Arrangements only, a process for determining and documenting the fair market value of the remuneration specified in the ESWL Focus Arrangement;
- d. requiring the Compliance Officer to review the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis and to provide a report on the results of such review to the United Managers and executive leadership; and
- e. implementing effective responses if suspected violations of the Anti-Kickback Statute and Stark Law are discovered, including disclosing Reportable Events.

2. *Focus Arrangement Requirements.* Prior to entering into new Focus Arrangements or renewing existing Focus Arrangements, in addition to complying with the Focus Arrangements Procedures set forth above, United shall comply with the following requirements (Focus Arrangements Requirements):

- a. Ensure that each Focus Arrangement is set forth in writing and signed by United and the other parties to the Focus Arrangement;

b. Include in the written agreement a certification by the parties to the Focus Arrangement that the parties shall not violate the Anti-Kickback Statute and the Stark Law with respect to the performance of the Arrangement.

3. *Records Retention and Access.* United shall retain and make available to OIG, upon request, the Focus Arrangements Tracking System and all supporting documentation of the Focus Arrangements subject to this Section and, to the extent available, all non-privileged communications related to the Focus Arrangements and the actual performance of the duties under the Focus Arrangements.

E. Review Procedures.

1. *General Description.*

a. *Engagement of Independent Review Organization.* Within 90 days after the Effective Date, United shall engage an individual or entity (or entities), such as an accounting, auditing, law, or consulting firm (hereinafter "Independent Review Organization" or "IRO"), to perform a review to assist United in assessing its compliance with the obligations pursuant to Section III.D of this CIA (Compliance with the Anti-Kickback statute and Stark law) in accordance with the time schedules set forth below. The IRO engaged by United to perform the Arrangements Review shall be knowledgeable about the Anti-Kickback Statute and Stark Law and the regulations and other guidance documents related to these statutes.

The IRO shall assess, along with United, whether it can perform the IRO review in a professionally independent and objective fashion, as appropriate to the nature of the engagement, taking into account any other business relationships or other engagements that may exist. The engagement of the IRO for the Focus Arrangements Review shall not be deemed to create an attorney-client relationship between United and the IRO. The other applicable requirements relating to the IRO(s) are outlined in Appendix A to this CIA, which is incorporated by reference.



b. *Retention of Records.* The IRO and United shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and United related to the reviews).

c. *Responsibilities and Liabilities.* Nothing in this Section III.E affects United's responsibilities or liabilities under any criminal, civil, or administrative laws or regulations applicable to any Federal health care program including, but not limited to, the Anti-Kickback Statute and/or the Stark Law.

## 2. *Focus Arrangements Review.*

The IRO shall perform a review to assess whether United is complying with the Focus Arrangements Procedures and Focus Arrangements Requirements required by Sections III.D.1 and III.D.2 of this CIA (Focus Arrangements Review). The Focus Arrangements Review shall consist of two components – a systems review and a transactions review. The Focus Arrangements Systems Review shall assess United's systems, processes, policies, and procedures relating to Focus Arrangements, including United's implementation of the Focus Arrangements Procedures (including the Focus Arrangement Tracking System) and Focus Arrangements Requirements. The Focus Arrangements Systems Review shall be performed for the first and fourth Reporting Periods.

The Focus Arrangements Transactions Review shall be performed annually and shall cover each of the five Reporting Periods. The IRO shall perform all components of each Focus Arrangements Transactions Review. The Focus Arrangements Transactions Review shall consist of a review of a randomly selected sample of 25% of the Focus Arrangements that were entered into or renewed during the Reporting Period for Greenlight Laser services and equipment and 25% of the Focus Arrangements that were entered into or renewed during the Reporting Period for ESWL services and equipment. The IRO shall assess for each selected Focus Arrangement whether United has complied with the Focus Arrangements Procedures and Focus Arrangements Requirements specifically with respect to that Focus Arrangement. The applicable procedures and reporting requirements for the Focus Arrangements Review are outlined in Appendix B to this CIA which is incorporated by reference.

3. *Focus Arrangements Review Report.* The IRO shall prepare a report based upon the Focus Arrangements Review performed (Focus Arrangements Review Report). The information to be included in the Focus Arrangements Review Report is described in Appendix B.

4. *Validation Review.* In the event OIG has reason to believe that: (a) United's Focus Arrangements Review fails to conform to the requirements of this CIA; or (b) the IRO's findings or Focus Arrangements Review results are inaccurate, OIG may, at its sole discretion, conduct its own review to determine whether the Focus Arrangements Review complied with the requirements of the CIA and/or the findings or Focus Arrangements Review results are inaccurate (Validation Review). United shall pay for the reasonable cost of any such review performed by OIG or any of its designated agents. Any Validation Review of reports submitted as part of United's final Annual Report shall be initiated no later than one year after United's final submission (as described in Section II) is received by OIG.

Prior to initiating a Validation Review, OIG shall notify United of its intent to do so and provide a written explanation of why OIG believes such a review is necessary. To resolve any concerns raised by OIG, United may request a meeting with OIG to: (a) discuss the results of any Focus Arrangements Review submissions or findings; (b) present any additional information to clarify the results of the Focus Arrangements Review or to correct the inaccuracy of the Focus Arrangements Review; and/or (c) propose alternatives to the proposed Validation Review. United agrees to provide any additional information as may be requested by OIG under this Section III.E.4 in an expedited manner. OIG will attempt in good faith to resolve any Focus Arrangements Review issues with United prior to conducting a Validation Review. However, the final determination as to whether or not to proceed with a Validation Review shall be made at the sole discretion of OIG.

5. *Independence and Objectivity Certification.* The IRO shall include in its report(s) to United a certification or sworn affidavit that it has evaluated its professional independence and objectivity, as appropriate to the nature of the engagement, with regard to the Focus Arrangements Review and that it has concluded that it is, in fact, independent and objective.

#### F. Disclosure Program.

Within 90 days after the Effective Date, United shall establish a Disclosure Program that includes a mechanism (e.g., a toll-free compliance telephone line) to enable

individuals to disclose, to the Compliance Officer or some other person who is not in the disclosing individual's chain of command, any identified issues or questions associated with United's policies, conduct, practices, or procedures with respect to a Federal health care program believed by the individual to be a potential violation of criminal, civil, or administrative law. United shall appropriately publicize the existence of the disclosure mechanism (e.g., via periodic e-mails to employees and United Physician Investors and by posting the information in prominent common areas).

The Disclosure Program shall emphasize a nonretribution, nonretaliation policy, and shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained. Upon receipt of a disclosure, the Compliance Officer (or designee) shall gather all relevant information from the disclosing individual (unless the report is made anonymously). The Compliance Officer (or designee) shall make a preliminary, good faith inquiry into the allegations set forth in every disclosure to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted. For any disclosure that is sufficiently specific so that it reasonably: (1) permits a determination of the appropriateness of the alleged improper practice; and (2) provides an opportunity for taking corrective action, United shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted.

The Compliance Officer (or designee) shall maintain a disclosure log, which shall include a record and summary of each disclosure received (whether anonymous or not), the status of the respective internal reviews, and any corrective action taken in response to the internal reviews. The disclosure log shall be made available to OIG upon request.

#### G. Ineligible Persons.

##### 1. *Definitions.* For purposes of this CIA:

- a. an "Ineligible Person" means an individual or entity who:
  - i. is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs; or

ii. 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.

b. "Exclusion Lists" means:

i. the HHS/OIG List of Excluded Individuals/Entities (available through the Internet at <http://www.oig.hhs.gov>); and

ii. the General Services Administration's List of Parties Excluded from Federal Programs (available through the Internet at <http://www.epls.gov>).

2. *Screening Requirements.* United shall ensure that all Covered Persons are not Ineligible Persons, by implementing the following screening requirements.

a. United shall screen all Covered Persons against the Exclusion Lists prior to engaging their services and, as part of the hiring or contracting process, shall require such Covered Persons to disclose whether they are Ineligible Persons.

b. United shall screen all Covered Persons against the Exclusion Lists within 90 days after the Effective Date and on an annual basis thereafter.

c. United shall implement a policy requiring all Covered Persons to disclose immediately any debarment, exclusion, suspension, or other event that makes that person an Ineligible Person.

Nothing in this Section affects United's responsibility to refrain from (and liability for) causing the billing of Federal health care programs for items or services furnished, ordered, or prescribed by an excluded person. United understands that items or services furnished by excluded persons are not payable by Federal health care programs and that United may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether United meets the requirements of this Section III.G.

3. *Removal Requirement.* If United has actual notice that a Covered Person has become an Ineligible Person, United shall remove such Covered Person from responsibility for, or involvement with, United's business operations related to the Federal health care programs and shall remove such Covered Person from any position for which the Covered Person's compensation or the items or services furnished, ordered, or prescribed by the Covered Person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time as the Covered Person is reinstated into participation in the Federal health care programs.

4. *Pending Charges and Proposed Exclusions.* If United has actual notice that a Covered Person is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the Covered Person's employment or contract term of during the term of a physician's or other practitioner's medical staff privilege, United shall take all appropriate actions to ensure that the responsibilities of that Covered Person have not and shall not adversely affect the quality of care rendered to any beneficiary or patient, or any claims submitted to any Federal health care program.

#### H. Notification of Government Investigation or Legal Proceedings.

Within 30 days after discovery, United shall notify OIG, in writing, of any ongoing investigation or legal proceeding known to United conducted or brought by a governmental entity or its agents involving an allegation that United has committed a crime or has engaged in fraudulent activities. This notification shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding. United shall also provide written notice to OIG within 30 days after the resolution of the matter, and shall provide OIG with a description of the findings and/or results of the investigation or proceedings, if any.

#### I. Reportable Events.

1. *Definition of Reportable Event.* For purposes of this CIA, a "Reportable Event" means anything that involves:

- a. a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized;

- b. the employment of or contracting with a Covered Person who is an Ineligible Person as defined by Section III.G.1.a; or
- c. the filing of a bankruptcy petition by United.

A Reportable Event may be the result of an isolated event or a series of occurrences.

2. *Reporting of Reportable Events.* If United determines (after a reasonable opportunity to conduct an appropriate review or investigation of the allegations) through any means that there is a Reportable Event, United shall notify OIG, in writing, within 30 days after making the determination that the Reportable Event exists.

3. *Reportable Events under Section under Section III.I.1.a and b.* For Reportable Events under Section III.I.1.a and b, the report to OIG shall include:

- a. a complete description of the Reportable Event, including the relevant facts, persons involved, and legal and Federal health care program authorities implicated;
- b. a description of United's actions taken to correct the Reportable Event; and
- c. any further steps United plans to take to address the Reportable Event and prevent it from recurring.

4. *Reportable Events under Section III.I.1.c.* For Reportable Events under Section III.I.1.c, the report to OIG shall include documentation of the bankruptcy filing and a description of any Federal health care program authorities implicated.

#### IV. CHANGES TO BUSINESS UNITS OR LOCATIONS

A. Change or Closure of Unit or Location. In the event that, after the Effective Date, United changes locations or closes a business unit or location related to the furnishing of items or services that may be reimbursed by Federal health care programs, United shall notify OIG of this fact as soon as possible, but no later than within 30 days after the date of change or closure of the location.

B. Purchase or Establishment of New Unit or Location. In the event that, after the Effective Date, United purchases or establishes a new business unit or location related to the furnishing of items or services that may be reimbursed by Federal health care programs, United shall notify OIG at least 30 days prior to such purchase or the operation of the new business unit or location. This notification shall include the address of the new business unit or location, phone number, and fax number. Each new business unit or location and all Covered Persons at each new business unit or location shall be subject to the applicable requirements of this CIA.

C. Sale of Unit or Location. In the event that, after the Effective Date, United proposes to sell any or all of its business units or locations that are subject to this CIA, United shall notify OIG of the proposed sale at least 30 days prior to the sale of such business unit or location. This notification shall include a description of the business unit or location to be sold, a brief description of the terms of the sale, and the name and contact information of the prospective purchaser. This CIA shall be binding on the purchaser of such business unit or location, unless otherwise determined and agreed to in writing by the OIG.

D. Unit or Location Defined. For purposes of this CIA, business unit or location does not mean the site where United only provides a hospital with Greenlight or ESWL items or services.

## V. IMPLEMENTATION AND ANNUAL REPORTS

A. Implementation Report. Within 120 days after the Effective Date, United shall submit a written report to OIG summarizing the status of its implementation of the requirements of this CIA (Implementation Report). The Implementation Report shall, at a minimum, include:

1. the name, address, phone number, and position description of the Compliance Officer required by Section III.A, and a summary of other noncompliance job responsibilities the Compliance Officer may have;

2. a copy of United's Code of Conduct required by Section III.B.1;

3. a summary of all Policies and Procedures required by Section III.B.2 (a copy of such Policies and Procedures shall be made available to OIG upon request);

4. the number of individuals required to complete the Code of Conduct certification required by Section III.B.1, the percentage of individuals who have completed such certification, and an explanation of any exceptions (the documentation supporting this information shall be available to OIG, upon request);

5. the following information regarding each type of training required by Section III.C:

a. a description of such training, including a summary of the topics covered, the length of sessions, and a schedule of training sessions;

b. the number of individuals required to be trained, percentage of individuals actually trained, and an explanation of any exceptions;

6. a copy of the letter to United Physician Investors described in Section III.C.3, documentation that it was sent to all United Physician Investors; and proof that the Code of Conduct, Policies and Procedures are available to United Physician Investors online;

A copy of all training materials and the documentation supporting this information shall be available to OIG, upon request;

7. a description of the Focus Arrangements Tracking System required by Section III.D.1.a;

8. a description of the tracking and monitoring procedures and other Focus Arrangements Procedures required by Section III.D.1;

9. a description of the Disclosure Program required by Section III.F;

10. the following information regarding the IRO(s): (a) identity, address, and phone number; (b) a copy of the engagement letter; (c) information to demonstrate that the IRO has the qualifications outlined in Appendix A to this CIA; (d) a summary and description of any and all current and prior engagements and agreements between United and the IRO; and (e) a certification from the IRO regarding its professional independence and objectivity with respect to United;



11. a list of all of United's locations (including locations and mailing addresses); the corresponding name under which each location is doing business; the corresponding phone numbers and fax numbers;

12. a description of United's corporate structure, including identification of all parent and sister companies, subsidiaries, and their respective lines of business; and

13. the certifications required by Section V.C.

B. Annual Reports. United shall submit to OIG annually a report with respect to the status of, and findings regarding, United's compliance activities for each of the Five Reporting Periods (Annual Report).

Each Annual Report shall include, at a minimum:

1. any change in the identity, position description, or other noncompliance job responsibilities of the Compliance Officer;

2. a summary of any significant changes or amendments to the Policies and Procedures required by Section III.B.2 and the reasons for such changes (e.g., change in contractor policy);

3. the number of individuals required to complete the Code of Conduct certification required by Section III.B.1, the percentage of individuals who have completed such certification, and an explanation of any exceptions (the documentation supporting this information shall be available to OIG, upon request);

4. the number of United Physician Investors who were sent the letter as required by Section III.C.3. Include copy of the letter sent.

5. the following information regarding each type of training required by Section III.C:

a. a description of the initial and annual training, including a summary of the topics covered, the length of sessions, and a schedule of training sessions;

b. the number of individuals required to complete the initial and annual training, the percentage of individuals who actually

completed the initial and annual training, and an explanation of any exceptions.

A copy of all training materials and the documentation supporting this information shall be available to OIG, upon request.

6. a description of any changes to the Focus Arrangements Tracking System required by Section III.D.1.a;
7. a description of any changes to the tracking and monitoring procedures and other Arrangements Procedures required by Section III.D.1;
8. a complete copy of all reports prepared pursuant to Section III.E, along with a copy of the IRO's engagement letter;
9. United's response to the reports prepared pursuant to Section III.E., along with corrective action plan(s) related to any issues raised by the reports;
10. a summary and description of any and all current and prior engagements and agreements between United and the IRO, if different from what was submitted as part of the Implementation Report;
11. a certification from the IRO regarding its professional independence and objectivity with respect to United;
12. a summary of Reportable Events (as defined in Section III.I) identified during the Reporting Period and the status of any corrective and preventative action relating to all such Reportable Events;
13. a summary of the disclosures in the disclosure log required by Section III.F that: (a) relate to Federal health care programs; or (b) involve allegations of conduct that may involve illegal remunerations or inappropriate referrals in violation of the Anti-Kickback Statute or Stark law;
14. a summary describing any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.H. The summary shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding;

15. a description of all changes to the most recently provided list of United's locations (including addresses) as required by Section V.A.14; the corresponding name under which each location is doing business; the corresponding phone numbers and fax numbers; and

16. the certifications required by Section V.C.

The first Annual Report shall be received by OIG no later than 60 days after the end of the first Reporting Period. Subsequent Annual Reports shall be received by OIG no later than the anniversary date of the due date of the first Annual Report.

C. Certifications. The Implementation Report and Annual Reports shall include a certification by the Compliance Officer and United Managers that:

1. to the best of their knowledge, except as otherwise described in the applicable report, United is in compliance with all of the requirements of this CIA;

2. to the best of their knowledge, United has implemented procedures reasonably designed to ensure that all Focus Arrangements do not violate the Anti-Kickback Statute and Stark Law, including the Focus Arrangements Procedures required in Section III.D of the CIA;

3. to the best of their knowledge, United has fulfilled the requirements for New and Renewed Focus Arrangements under Section III.D.2 of the CIA; and

4. they have reviewed the Report and have made reasonable inquiry regarding its content and believe that the information in the Report is accurate and truthful.

D. Designation of Information. United shall clearly identify any portions of its submissions that it believes are trade secrets, or information that is commercial or financial and privileged or confidential, and therefore potentially exempt from disclosure under the Freedom of Information Act (FOIA), 5 U.S.C. § 552. United shall refrain from identifying any information as exempt from disclosure if that information does not meet the criteria for exemption from disclosure under FOIA.

## VI. NOTIFICATIONS AND SUBMISSION OF REPORTS

Unless otherwise stated in writing after the Effective Date, all notifications and reports required under this CIA shall be submitted to the following entities:

OIG:

Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Cohen Building, Room 5527  
330 Independence Avenue, S.W.  
Washington, DC 20201  
Telephone: 202.619.2078  
Facsimile: 202.205.0604

United:

Compliance Officer – name  
United Urology Centers  
1111 East Touhy Avenue  
Suite 240  
Des Plaines, IL 60018

Unless otherwise specified, all notifications and reports required by this CIA may be made by certified mail, overnight mail, hand delivery, or other means, provided that there is proof that such notification was received. For purposes of this requirement, internal facsimile confirmation sheets do not constitute proof of receipt. Upon request by OIG, United may be required to provide OIG with an electronic copy of each notification or report required by this CIA in searchable portable document format (pdf), either instead of or in addition to, a paper copy.

**VII. OIG INSPECTION, AUDIT, AND REVIEW RIGHTS**

In addition to any other rights OIG may have by statute, regulation, or contract, OIG or its duly authorized representative(s) may examine or request copies of United's books, records, and other documents and supporting materials and/or conduct on-site reviews of any of United's locations for the purpose of verifying and evaluating: (a) United's compliance with the terms of this CIA; and (b) United's compliance with the requirements of the Federal health care laws and regulations. The documentation described above shall be made available by United to OIG or its duly authorized representative(s) at all reasonable times for inspection, audit, or reproduction. Furthermore, for purposes of this provision, OIG or its duly authorized representative(s) may interview any of United's employees, contractors, Physician Investors, or agents who consent to be interviewed at the individual's place of business during normal business hours or at such other place and time as may be mutually agreed upon between

the individual and OIG. United shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. United's employees may elect to be interviewed with or without a representative of United present.

#### **VIII. DOCUMENT AND RECORD RETENTION**

United shall maintain for inspection all documents and records relating to reimbursement from the Federal health care programs, or to compliance with this CIA, for six years (or longer if otherwise required by law) from the Effective Date.

#### **IX. DISCLOSURES**

Consistent with HHS's FOIA procedures, set forth in 45 C.F.R. Part 5, OIG shall make a reasonable effort to notify United prior to any release by OIG of information submitted by United pursuant to its obligations under this CIA and identified upon submission by United as trade secrets, or information that is commercial or financial and privileged or confidential, under the FOIA rules. With respect to such releases, United shall have the rights set forth at 45 C.F.R. § 5.65(d).

#### **X. BREACH AND DEFAULT PROVISIONS**

United is expected to fully and timely comply with all of its CIA obligations.

A. Stipulated Penalties for Failure to Comply with Certain Obligations. As a contractual remedy, United and OIG hereby agree that failure to comply with certain obligations as set forth in this CIA may lead to the imposition of the following monetary penalties (hereinafter referred to as "Stipulated Penalties") in accordance with the following provisions.

1. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day United fails to establish and implement any of the following obligations as described in Section III:

- a. a Compliance Officer;
- b. a written Code of Conduct;
- c. written Policies and Procedures;

- d. the training of Covered Persons and Arrangements Covered Persons;
- e. the Focus Arrangements Procedures and/or Focus Arrangements Requirements described in Sections III.D.1 and III.D.2;
- f. a Disclosure Program;
- g. notification of Government investigations or legal proceedings; and
- h. reporting of Reportable Events.

2. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day United fails to engage an IRO, as required in Section III.E and Appendix B.

3. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day United fails to submit the Implementation Report or any Annual Reports to OIG in accordance with the requirements of Section V by the deadlines for submission.

4. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day United fails to submit the annual Focus Arrangements Review Report in accordance with the requirements of Section III.E and Appendix B.

5. A Stipulated Penalty of \$1,500 for each day United fails to grant access as required in Section VII. (This Stipulated Penalty shall begin to accrue on the date United fails to grant access.)

6. A Stipulated Penalty of \$5,000 for each false certification submitted by or on behalf of United as part of its Implementation Report, Annual Report, additional documentation to a report (as requested by the OIG), or otherwise required by this CIA.

7. A Stipulated Penalty of \$1,000 for each day United fails to comply fully and adequately with any obligation of this CIA. OIG shall provide notice to United stating the specific grounds for its determination that United has failed to comply fully

and adequately with the CIA obligation(s) at issue and steps United shall take to comply with the CIA. (This Stipulated Penalty shall begin to accrue 10 days after United receives this notice from OIG of the failure to comply.) A Stipulated Penalty as described in this Subsection shall not be demanded for any violation for which OIG has sought a Stipulated Penalty under Subsections 1-6 of this Section.

B. Timely Written Requests for Extensions. United may, in advance of the due date, submit a timely written request for an extension of time to perform any act or file any notification or report required by this CIA. Notwithstanding any other provision in this Section, if OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after United fails to meet the revised deadline set by OIG. Notwithstanding any other provision in this Section, if OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until three business days after United receives OIG's written denial of such request or the original due date, whichever is later. A "timely written request" is defined as a request in writing received by OIG at least five business days prior to the date by which any act is due to be performed or any notification or report is due to be filed.

C. Payment of Stipulated Penalties.

1. *Demand Letter.* Upon a finding that United has failed to comply with any of the obligations described in Section X.A and after determining that Stipulated Penalties are appropriate, OIG shall notify United of: (a) United's failure to comply; and (b) OIG's exercise of its contractual right to demand payment of the Stipulated Penalties (this notification is referred to as the "Demand Letter").

2. *Response to Demand Letter.* Within 10 days after the receipt of the Demand Letter, United shall either: (a) cure the breach to OIG's satisfaction and pay the applicable Stipulated Penalties or (b) request a hearing before an HHS administrative law judge (ALJ) to dispute OIG's determination of noncompliance, pursuant to the agreed upon provisions set forth below in Section X.E. In the event United elects to request an ALJ hearing, the Stipulated Penalties shall continue to accrue until United cures, to OIG's satisfaction, the alleged breach in dispute. Failure to respond to the Demand Letter in one of these two manners within the allowed time period shall be considered a material breach of this CIA and shall be grounds for exclusion under Section X.D.

3. *Form of Payment.* Payment of the Stipulated Penalties shall be made by electronic funds transfer to an account specified by OIG in the Demand Letter.

4. *Independence from Material Breach Determination.* Except as set forth in Section X.D.1.c, these provisions for payment of Stipulated Penalties shall not affect or otherwise set a standard for OIG's decision that United has materially breached this CIA, which decision shall be made at OIG's discretion and shall be governed by the provisions in Section X.D, below.

D. Exclusion for Material Breach of this CIA.

1. *Definition of Material Breach.* A material breach of this CIA means:

- a. a failure by United to report a Reportable Event, take corrective action, and make the appropriate refunds, as required in Section III.I;
- b. a repeated or flagrant violation of the obligations under this CIA, including, but not limited to, the obligations addressed in Section X.A;
- c. a failure to respond to a Demand Letter concerning the payment of Stipulated Penalties in accordance with Section X.C; or
- d. a failure to engage and use an IRO in accordance with Section III.E and Appendix B.

2. *Notice of Material Breach and Intent to Exclude.* The parties agree that a material breach of this CIA by United constitutes an independent basis for United's and United Managers' exclusion from participation in the Federal health care programs. Upon a determination by OIG that United has materially breached this CIA and that exclusion is the appropriate remedy, OIG shall notify United and United Managers of: (a) United's material breach; and (b) OIG's intent to exercise its contractual right to impose exclusion (this notification is hereinafter referred to as the "Notice of Material Breach and Intent to Exclude").

3. *Opportunity to Cure.* United shall have 30 days from the date of receipt of the Notice of Material Breach and Intent to Exclude to demonstrate to OIG's satisfaction that:



- a. United is in compliance with the obligations of the CIA cited by  
OIG as being the basis for the material breach;
- b. the alleged material breach has been cured; or
- c. the alleged material breach cannot be cured within the 30-day  
period, but that: (i) United has begun to take action to cure the  
material breach; (ii) United is pursuing such action with due  
diligence; and (iii) United has provided to OIG a reasonable  
timetable for curing the material breach.

4. *Exclusion Letter.* If, at the conclusion of the 30-day period, United fails to satisfy the requirements of Section X.D.3, OIG may exclude United and United Managers from participation in the Federal health care programs. OIG shall notify United and United Managers in writing of its determination to exclude United and United Managers (this letter shall be referred to hereinafter as the "Exclusion Letter"). Subject to the Dispute Resolution provisions in Section X.E, below, the exclusion shall go into effect 30 days after the date of United and United Managers' receipt of the Exclusion Letter. The exclusion shall have national effect and shall also apply to all other Federal procurement and nonprocurement programs. Reinstatement to program participation is not automatic. After the end of the period of exclusion, United and United Managers may apply for reinstatement by submitting a written request for reinstatement in accordance with the provisions at 42 C.F.R. §§ 1001.3001-.3004.

#### E. Dispute Resolution

1. *Review Rights.* Upon OIG's delivery to United of its Demand Letter or of its Exclusion Letter to United and United Managers, and as an agreed-upon contractual remedy for the resolution of disputes arising under this CIA, United and United Managers shall be afforded certain review rights comparable to the ones that are provided in 42 U.S.C. § 1320a-7(f) and 42 C.F.R. Part 1005 as if they applied to the Stipulated Penalties or exclusion sought pursuant to this CIA. Specifically, OIG's determination to demand payment of Stipulated Penalties or to seek exclusion shall be subject to review by an HHS ALJ and, in the event of an appeal, the HHS Departmental Appeals Board (DAB), in a manner consistent with the provisions in 42 C.F.R. § 1005.2-1005.21. Notwithstanding the language in 42 C.F.R. § 1005.2(c), the request for a hearing involving Stipulated Penalties shall be made within 10 days after receipt of the Demand Letter and the request for a hearing involving exclusion shall be made within 25 days after receipt of the Exclusion Letter.

2. *Stipulated Penalties Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 42 of the Code of Federal Regulations, the only issues in a proceeding for Stipulated Penalties under this CIA shall be: (a) whether United was in full and timely compliance with the obligations of this CIA for which OIG demands payment; and (b) the period of noncompliance. United shall have the burden of proving its full and timely compliance and the steps taken to cure the noncompliance, if any. OIG shall not have the right to appeal to the DAB an adverse ALJ decision related to Stipulated Penalties. If the ALJ agrees with OIG with regard to a finding of a breach of this CIA and orders United to pay Stipulated Penalties, such Stipulated Penalties shall become due and payable 20 days after the ALJ issues such a decision unless United requests review of the ALJ decision by the DAB. If the ALJ decision is properly appealed to the DAB and the DAB upholds the determination of OIG, the Stipulated Penalties shall become due and payable 20 days after the DAB issues its decision.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 42 of the Code of Federal Regulations, the only issues in a proceeding for exclusion based on a material breach of this CIA shall be:

- a. whether United was in material breach of this CIA;
- b. whether such breach was continuing on the date of the Exclusion Letter; and
- c. whether the alleged material breach could not have been cured within the 30-day period, but that: (i) United had begun to take action to cure the material breach within that period; (ii) United has pursued and is pursuing such action with due diligence; and (iii) United provided to OIG within that period a reasonable timetable for curing the material breach and United has followed the timetable.

For purposes of the exclusion herein, exclusion shall take effect only after an ALJ decision favorable to OIG, or, if the ALJ rules for United, only after a DAB decision in favor of OIG. United's election of its contractual right to appeal to the DAB shall not abrogate OIG's authority to exclude United and United Managers upon the issuance of an ALJ's decision in favor of OIG. If the ALJ sustains the determination of OIG and determines that exclusion is authorized, such exclusion shall take effect 20 days after the ALJ issues such a decision, notwithstanding that United may request review of the ALJ decision by the DAB. If the DAB finds in favor of OIG after an ALJ decision adverse to OIG, the exclusion shall take effect 20 days after the DAB decision. United

and United Managers shall waive their right to any notice of such an exclusion if a decision upholding the exclusion is rendered by the ALJ or DAB. If the DAB finds in favor of United and United Managers, they shall be reinstated effective on the date of the original exclusion.

4. *Finality of Decision.* The review by an ALJ or DAB provided for above shall not be considered to be an appeal right arising under any statutes or regulations. Consequently, the parties to this CIA agree that the DAB's decision (or the ALJ's decision if not appealed) shall be considered final for all purposes under this CIA.

#### **XI. EFFECTIVE AND BINDING AGREEMENT**

United and OIG agree as follows:

A. This CIA shall be binding on the successors, assigns, and transferees of United;

B. This CIA shall become final and binding on the date the final signature is obtained on the CIA;

C. This CIA constitutes the complete agreement between the parties and may not be amended except by written consent of the parties to this CIA;

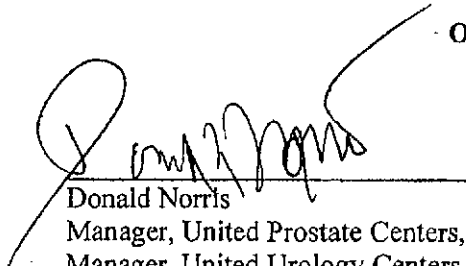
D. OIG may agree to a suspension of United's obligations under this CIA based on a certification by United that it is no longer providing health care items or services that will be billed to any Federal health care program and that it does not have any ownership or control interest, as defined in 42 U.S.C. §1320a-3, in any entity that bills any Federal health care program. If United is relieved of its CIA obligations, United will be required to notify OIG in writing at least 30 days in advance if United plans to resume providing health care items or services that are billed to any Federal health care program or to obtain an ownership or control interest in any entity that bills any Federal health care program. At such time, OIG shall evaluate whether the CIA will be reactivated or modified.

E. The undersigned United signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatory represents that he is signing this CIA in his official capacity and that he is authorized to execute this CIA.

F. This CIA may be executed in counterparts, each of which constitutes an

original and all of which constitute one and the same CIA. Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this CIA.

ON BEHALF OF UNITED



Donald Norris  
Manager, United Prostate Centers, LLC  
Manager, United Urology Centers, LLC  
Secretary, United Shockwave Services, Ltd.  
Manager, United Therapies, LLC

6/30/10  
Date



Marc Rubenstein  
Manager, United Prostate Centers, LLC  
Manager, United Urology Centers, LLC  
President, United Shockwave Services, Ltd.  
Manager, United Therapies, LLC

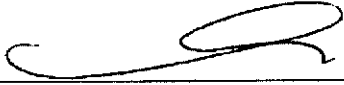
6/30/10  
Date



Thomas L. Mills  
Counsel for United  
Winston & Strawn, LLP

7/1/10  
Date

ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL  
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES



\_\_\_\_\_  
Gregory E. Demske  
Assistant Inspector General for Legal Affairs  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services

7/8/10

Date

**APPENDIX A**  
**INDEPENDENT REVIEW ORGANIZATION**

This Appendix contains the requirements relating to the Independent Review Organization (IRO) required by Section III.E of the CIA.

A. IRO Engagement.

1. United shall engage an IRO that possesses the qualifications set forth in Paragraph B, below, to perform the responsibilities in Paragraph C, below. The IRO shall conduct the review in a professionally independent and objective fashion, as set forth in Paragraph D. Within 30 days after OIG receives the information identified in Section V.A.10 of the CIA or any additional information submitted by United in response to a request by OIG, whichever is later, OIG will notify United if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, United may continue to engage the IRO.

2. If United engages a new IRO during the term of the CIA, this IRO shall also meet the requirements of this Appendix. If a new IRO is engaged, United shall submit the information identified in Section V.A.10 of the CIA to OIG within 30 days of engagement of the IRO. Within 30 days after OIG receives this information or any additional information submitted by United at the request of OIG, whichever is later, OIG will notify United if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, United may continue to engage the IRO.

B. IRO Qualifications.

The IRO shall:

1. assign individuals to conduct the Focus Arrangements Review engagement who are knowledgeable in the requirements of the Anti-Kickback Statute and the Stark Law and the regulations and other guidance documents related to these statutes; and
2. have sufficient staff and resources to conduct the reviews required by the CIA on a timely basis.

C. IRO Responsibilities. The IRO shall:

1. perform each Focus Arrangements Review in accordance with the specific requirements of the CIA;
2. respond to all OIG inquiries in a prompt, objective, and factual manner; and
3. prepare timely, clear, well-written reports that include all the information required by Appendix B to the CIA.

D. IRO Independence and Objectivity.

The IRO must perform the Arrangements Review in a professionally independent and objective fashion, as appropriate to the nature of the engagement, taking into account any other business relationships or engagements that may exist between the IRO and United.

E. IRO Removal/Termination.

1. *Provider and IRO.* If United terminates its IRO or if the IRO withdraws from the engagement during the term of the CIA, United must submit a notice explaining its reasons for termination or the reason for withdrawal to OIG no later than 30 days after termination or withdrawal. United must engage a new IRO in accordance with Paragraph A of this Appendix and within 60 days of termination or withdrawal of the prior IRO or at least 60 days prior to the end of the current Reporting Period, whichever is earlier.

2. *OIG Removal of IRO.* In the event OIG has reason to believe that the IRO does not possess the qualifications described in Paragraph B, is not independent and objective as set forth in Paragraph D, or has failed to carry out its responsibilities as described in Paragraph C, OIG may, at its sole discretion, require United to engage a new IRO in accordance with Paragraph A of this Appendix. United must engage a new IRO within 60 days of termination of the prior IRO or at least 60 days prior to the end of the current Reporting Period, whichever is earlier.

Prior to requiring United to engage a new IRO, OIG shall notify United of its intent to do so and provide a written explanation of why OIG believes such a step is necessary. To resolve any concerns raised by OIG, United may present additional information regarding the IRO's qualifications, independence or performance of its responsibilities. OIG will attempt in good faith to resolve any differences regarding the



IRO with United prior to requiring United to terminate the IRO. However, the final determination as to whether or not to require United to engage a new IRO shall be made at the sole discretion of OIG.

**APPENDIX B**  
**FOCUS ARRANGEMENTS REVIEW**

A. Focus Arrangements Systems Review. The Focus Arrangements Systems Review shall be a review of United's systems, processes, policies, and procedures relating to the initiation, review, approval, and tracking of Focus Arrangements. Specifically, the IRO shall review the following:

1. United's systems, policies, processes, and procedures with respect to creating and maintaining a centralized tracking system for all existing and new and renewed Focus Arrangements (Focus Arrangements Tracking System), including a detailed description of the information captured in the Focus Arrangements Tracking System;

2. United's systems, policies, processes, and procedures for tracking remuneration to and from all parties to Focus Arrangements;

3. United's systems, policies, processes, and procedures for initiating Arrangements, including those policies that identify the individuals with authority to initiate an Arrangement and that specify the business need or business rationale required to initiate an Arrangement;

4. United's systems, policies, processes, and procedures for the internal review and approval of all Focus Arrangements, including those policies that identify the individuals required to approve each type or category of Focus Arrangement entered into by United, the internal controls designed to ensure that all required approvals are obtained, and the processes for ensuring that all Focus Arrangements are subject to a legal review by counsel with expertise in the Anti-Kickback Statute and Stark Law;

5. the Compliance Officer's annual review of the Focus Arrangements Tracking System, United's internal review and approval process, and other Arrangements Procedures;

6. United's systems, policies, processes, and procedures for implementing effective responses when suspected violations of the Anti-Kickback Statute and Stark Law are discovered, including disclosing Reportable Events and quantifying and repaying Overpayments when appropriate; and

7. United's systems, policies, processes, and procedures for ensuring that all new and renewed Focus Arrangements comply with the Focus Arrangements Requirements set forth in Section III.D.2 of the CIA.

B. Focus Arrangements Systems Review Report. The IRO shall prepare a report based upon each Focus Arrangements Systems Review performed. The report shall include the following items:

1. a description of the documentation (including policies) reviewed and personnel interviewed;

2. a detailed description of United's systems, policies, processes, and procedures relating to the items identified in Section A.1-9 above;

3. findings and supporting rationale regarding any weaknesses in United's systems, processes, policies, and procedures relating to Arrangements described in Section A.1-9 above;

4. recommendations to improve United's systems, policies, processes, or procedures relating to Arrangements described in Section A.1-9 above; and

5. verifying that United's policies and procedures require that communications between United, United Physician Investors, hospitals and laser manufacturers comply with the Anti-Kickback Statute and the Stark Law.

C. Focus Arrangements Transactions Review. The Focus Arrangements Transactions Review shall consist of a review by the IRO of a randomly selected sample of 25% of Focus Arrangements that were entered into or renewed during the Reporting Period for Greenlight Laser and a randomly selected sample of 25% of ESWL. The IRO shall assess whether United has complied with the Focus Arrangements Procedures and the Focus Arrangements Requirements described in Sections III.D.1 and III.D.2 of the CIA, with respect to the selected Focus Arrangements.

The IRO's assessment with respect to each Focus Arrangement that is subject to review shall include:

1. verifying that the Focus Arrangement is maintained in United's centralized tracking system in a manner that permits the IRO to identify the parties to the Focus Arrangement and the relevant terms of the Focus Arrangement (i.e., the

items/services/equipment/space to be provided, the amount of compensation, the effective date, the expiration date; etc.)

2. verifying that the Focus Arrangement was subject to the internal review and approval process (including both a legal and business review) and obtained the necessary approvals and that such review and approval is appropriately documented;

3. verifying that the remuneration related to the Focus Arrangement is properly tracked;

4. verifying that the Focus Arrangement satisfies the Focus Arrangements Requirements of Section III.D.2 of the CIA; and

5. verifying that the service and activity logs are properly completed and reviewed (if applicable); and

6. verifying that leased space, medical supplies, medical devices, and equipment, and other patient care items are properly monitored (if applicable);

D. Focus Arrangements Transaction Review Report. The Focus Arrangements Transaction Review Report shall include the following information:

1. *Review Methodology*.

a. Review Protocol: A detailed narrative description of the procedures performed and a description of the sampling unit and universe utilized in performing the procedures for the sample reviewed.

b. Sources of Data: A full description of the documentation and other information, if applicable, relied upon by the IRO in performing the Arrangements Transaction Review.

2. *Review Findings*. The IRO's findings with respect to whether United has complied with the Focus Arrangements Procedures and Focus Arrangements Requirements with respect to each of the randomly selected Focus Arrangements reviewed by the IRO. In addition, the Focus Arrangements Transactions Review Report shall include observations, findings and recommendations on possible improvements to United's policies, procedures, and systems in place to ensure that all Focus Arrangements comply with the Arrangements Procedures and Focus Arrangements Requirements.

**APPENDIX C  
COVERED PERSONS TO RECEIVE ONE  
HOUR OF ARRANGEMENTS TRAINING**

Nurses other than Nursing Supervisor(s)  
Information Technology personnel other than the Information Technology Director  
Human Resources personnel other than the Human Resources Director  
Billers and collectors other than the Billing Supervisors  
Insurance Verifiers  
Schedulers

**United Urology Centers** )))

1111 E. TOUHY AVENUE, SUITE 240  
DES PLAINES, IL 60018  
P 847.544.5867  
F 847.544.5950

WWW.UNITEDSHOCKWAVE.COM

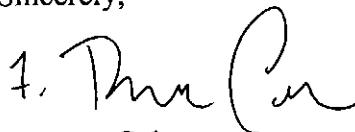
September 13, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by United Urology Centers, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

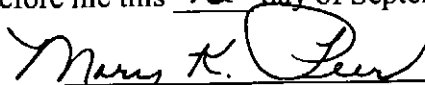
Sincerely,

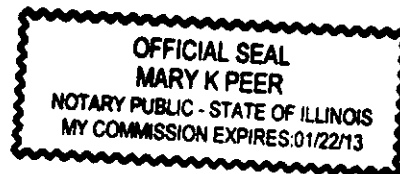


F. Bruce Cohen  
Chief Operating Officer

**SUBSCRIBED AND SWORN**

before me this 13 day of September, 2010.

  
\_\_\_\_\_  
Notary Public



**Section III**  
**Attachment 12**  
**Purpose of Project**

**Purpose Statement**

The Applicant is seeking permission from the Board to establish a single specialty (urology), single procedure room, ambulatory surgical treatment center at the Applicant's current lithotripsy and laser center in LaGrange, Illinois, in order to provide care to Medicaid and Medicare patients because recent federal reimbursement changes concerning "under-arrangement" relationships now limit the current facility's ability to treat Medicare and Medicaid patients on behalf of local area hospitals. If approved, this Project will improve access to healthcare for Medicaid and Medicare patients.

**Supporting Statements & Documentation**

1. For over twenty years, the Applicant has been widely recognized as a market leader in the use of extracorporeal shockwave technology. The Applicant was organized in 1986 after the United States Food & Drug Administration approved extracorporeal shockwave lithotripsy ("ESWL") for the treatment of kidney stones.
2. The Company's Managers are Donald M. Norris, MD and Marc A. Rubenstein, MD.
3. Dr. Norris has been practicing urology in the State of Illinois since 1966. Since July 1968, Dr. Norris has been associated with Northwest Suburban Urologists, Ltd. Dr. Norris graduated with an M.D. from the University of Illinois in 1961, spent one year as a surgery resident at the University of California at Los Angeles and three years as a urology resident at Hines Veterans Administration Hospital in Hines, Illinois. He was licensed to practice medicine in the State of Illinois in 1962 and certified by the American Board of Urology in 1970. He was an Assistant Clinical Professor of Surgery at the University of Illinois and has been Associate Clinical Professor of Urology at Loyola Stritch School of Medicine since 1989.
4. Dr. Rubenstein began practicing urology in the State of Illinois in 1977. Dr. Rubenstein was formerly associated with Northwest Suburban Urologists, Ltd. He received his M.D. from the University of Illinois in 1972, did his internship and surgical residency during 1972-74 at the University of Illinois and his urological residency at Washington University's Barnes Hospital during 1974-77. Dr. Rubenstein was licensed to practice medicine in the State of Illinois in 1973 and was certified by the American Board of Urology in 1977. Dr. Rubenstein was an Assistant Clinical Professor of Surgery at the University of Illinois Medical School and was an Associate Clinical Professor of Urology at Loyola Stritch School of Medicine from 1989 until 2000. Although he maintains his license to practice, Dr. Rubenstein is not currently in active practice.
5. The Applicant's first center in Park Ridge, Illinois (the "Park Ridge Facility"), quickly developed into one of the leading ESWL facilities in the Chicago metropolitan area. Since its inception, the Applicant has expanded its service locations, and today is one of the busiest providers nationwide.
6. The Applicant opened another center in LaGrange, Illinois (the "LaGrange Facility") in 1995. The LaGrange Facility is the subject of this Application.

7. The overriding goal and mission of the Applicant has been, and remains, the delivery of the highest caliber healthcare services possible and a commitment to serving the communities in which the Applicant operates. To that end, both the Park Ridge Facility and the LaGrange Facility are accredited by the Joint Commission.

8. In 1986, the Applicant was the first organization in Illinois to bring lithotripsy to a community hospital; previously it was only available at urban universities.

9. With unparalleled physician support and affiliations with community hospitals, the Applicant has increased patient access to this minimally invasive procedure which is now the standard of care for patients with kidney stones. Even today, because of the significant capital expenditure required, few hospitals/systems have access to a lithotripter or have access as infrequently as once a month. Consequently, a kidney stone patient may be forced to travel great distance for treatment or face significant delays in receiving the treatment. These scenarios have a number of negative repercussions, including:

(a) Patients, unwilling to travel or wait for treatment, are undergoing invasive procedures which would not otherwise have been necessary had reasonable service been available. Invasive procedures have a much higher complication rate and recovery rate and, most importantly, increase healthcare costs considerably. In fact, it is well recognized that local treatment with ESWL is far safer than alternative methods of treatment for stones.

(b) Better access to equipment can eliminate other significant problems, including stent pain, which is intolerable, and is as painful as stone pain. Moreover, stent pain causes bladder spasms and bladder irritation, as well as spontaneous bladder contractions and irritability.

(c) Because they have to travel great distances patients are unable to be discharged after the procedure, patients cannot return home after treatment and must be treated on an in-patient basis which serves to further increase health care costs considerably. Nationally in excess of 90% of all kidney stone patients do not meet the medical criteria of inpatient admission and should be treated as outpatients.

(d) Doctors may be forced to travel great distances to treat patients. Although this may not appear significant, it means the travel time takes away from the time during which a doctor can be seeing and treating other patients.

10. Prior to October 1, 2009, the federal, provider-based reimbursement rules allowed the Applicant at its LaGrange Facility to provide services to Medicaid and Medicare patients pursuant to various "under-arrangement" agreements with local area hospitals.

11. On October 1, 2009, the Centers for Medicare and Medicaid Services ("CMS") revised the federal, provider-based reimbursement rules and specifically called into question "under-arrangement" agreements. See Medicare 2009 Acute Hospital Inpatient Prospective Payment Schedule (published July 31, 2008). Although the rule changes specifically allowed "under-arrangement" lithotripsy services to continue, subsequent pronouncements from CMS seemed to call into question whether a lithotripsy center could provide "supporting" services (such as the insertion of a stent or a ureteroscopy to reposition a stone) during a lithotripsy procedure. See Memo at ATTACHMENT 12.



12. Because of the conflicting and inconsistent positions taken by CMS, since October 1, 2009, the LaGrange Facility has not been able to provide lithotripsy services to Medicaid and Medicare patients pursuant to "under-arrangement" agreements with local area hospitals.

13. Medicare and Medicaid patients represented approximately 20% of the patients seen at the LaGrange Facility from its opening in 1995 to 2009. See ATTACHMENT 27.

14. The Park Ridge Facility was not impacted by the rule changes because the Park Ridge Facility is located directly on the campus of a local community hospital and can take advantage of different "provider based" reimbursement rules.

15. And the "change" in the reimbursement rules did not impact the Applicant's ability to treat privately insured patients at its LaGrange Facility because the rule "change" only impacts Medicare and Medicaid patients.

16. This "change" in the reimbursement rules has forced Medicare and Medicaid patients at the LaGrange Facility to seek alternative care.

17. The proposed Surgery Center will occupy the exact same space as the Applicant's current LaGrange Facility.

18. The proposed Surgery Center will have a single procedure room and will offer the same exact urological services that are currently being performed at the LaGrange Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. A single procedure room is easily justified by the historical utilization at the LaGrange Facility. See ATTACHMENT 15.

19. As set forth in this Application, the Applicant is projecting that physicians at the Surgery Center will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. In 2009, those same physicians performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures at the LaGrange Facility. See ATTACHMENT 15.

20. Attached at ATTACHMENT 27 is a map outlining the LaGrange Facility's current service area and the projected service area for the proposed Surgery Center. Thus, to be clear, the proposed Surgery Center will serve the same exact patient population as the current LaGrange Facility serves.

21. As set forth in this Application, it is the Applicant's firm belief that this Project will improve access to care for Medicare and Medicaid patients because the LaGrange Facility will once again be able to provide care to Medicare and Medicaid patients.

22. As set forth in this Application, the Surgery Center will not increase the rates currently being charged by the Facility.

23. As set forth in this Application, it is the Applicant's firm belief that no other facility in the Surgery Center's service area will be impacted in any manner by this Application because of its limited scope and because the Applicant will be providing the same services to the exact same patient population it has historically served. See ATTACHMENT 27.

## Summary of Stark and Under-Arrangement Rules

Stark Law. The Stark Law prohibits a physician from referring a patient for specific services ("Designated Health Services") payable by Medicare or Medicaid to an entity in which the referring physician (or such referring physician's immediate family member) has either a direct or indirect ownership or investment interest, or with which such referring physician (or such referring physician's immediate family member) has a direct or indirect compensation arrangement, unless the ownership or investment interest or compensation arrangement meets an exception in the Stark statute or regulations ("Prohibited Referral"). An entity that furnishes Designated Health Services is sometimes referred to as a "DHS Entity." The Stark Law also prohibits DHS Entities from presenting claims to Medicare or billing any individual, third party payer, or other entity for the Designated Health Services furnished pursuant to a Prohibited Referral. Violations of the Stark Law may result in civil monetary penalties, requirements that any payments made as a result of prohibited referrals be refunded to the applicable payer and patient, and exclusion from participation in the Medicare and Medicaid programs. Unlike the Federal Anti-Kickback Statute described below, in which an activity may fall outside a safe harbor and still not violate the law, a referral under the Stark Law that does not fall within an exception is strictly prohibited.

The term Designated Health Services is defined in the Stark Law as any of the following items or services: (i) clinical laboratory services; (ii) physical therapy services; (iii) occupational therapy services; (iv) radiology and imaging services; (v) radiation therapy services and supplies; (vi) durable medical equipment and supplies; (vii) parenteral and enteral nutrients, equipment, and supplies; (viii) prosthetics, orthotics, and prosthetic devices; (ix) home health services; (x) outpatient prescription drugs; or (xi) inpatient and outpatient hospital services.

The Centers for Medicare and Medicaid Services ("CMS"), formerly known as the Health Care Financing Administration ("HCFA"), initially issued regulations interpreting the Stark Law in three phases, followed by additional regulations and changes published in Medicare fee schedules. Phase I became effective January 4, 2002. Phase II became effective July 24, 2004. Phase III became effective December 4, 2007. Additional regulations were issued in the 2008 Medicare Physician Fee Schedule and became effective January 1, 2008. The most recent Stark Law regulations were released on July 31, 2008 and published in the Federal Register on August 19, 2008 in the Medicare 2009 Acute Hospital Inpatient Prospective Payment Schedule ("2009 IPPS Rule"). Certain of the Stark Law regulations published in the 2009 IPPS Rule became effective on October 1, 2008 but the bulk of them become effective October 1, 2009. The regulations define each of the Designated Health Services, provide additional exceptions, and impose additional requirements on statutory exceptions. In some situations applicable to lithotripsy centers, in the regulations promulgated in the 2009 IPPS Rule, CMS has reversed the position taken by HCFA or CMS in previous phases.

In the preamble to the Phase I regulations HCFA took that position that lithotripsy services provided "under arrangements" with a hospital fit within the definition of inpatient and outpatient hospital services, and, therefore, are Designated Health Services. The American Lithotripsy Society ("ALS") filed suit against the Department of Health and Human Services contending that lithotripsy provided under arrangements with a hospital is not an inpatient or outpatient hospital service, and, therefore, is not a Designated Health Service. On July 12, 2002,

ALS prevailed in its lawsuit against the HHS, when the United States District Court for the District of Columbia held that the Stark Law regulation classifying lithotripsy as an inpatient or outpatient hospital service was invalid and issued an injunction barring the Department of Health and Human Services from implementing and enforcing the Stark Law regulations classifying lithotripsy as an inpatient and outpatient hospital service.

In the preamble to the Phase II regulations, CMS stated that in light of the unique legislative history, it would “not consider lithotripsy an inpatient or outpatient hospital service.” In the 2009 IPPS Rule CMS stated that it “presently do[es] not consider lithotripsy a designated health service.”

In the proposed the Stark Law regulations issued in January 1998, HCFA sought to ban per procedure or “per click” payments for services or equipment furnished by a company in which there is physician investment to a DHS entity, such as a hospital. In the Phase I of the Stark Law regulations HCFA reversed itself admitting that the Stark Law legislative history indicated that Congress intended to permit per click payments under the Stark Law as long as they are at fair market value. Thus, from promulgation of Phase I regulations HCFA/CMS until the 2009 IPPS rule CMS took the position that per click payments are permissible under the Stark Law.

**2009 IPPS Rule.** In the 2009 IPPS Rule, released on July 31, 2008 and published in the Federal Register on August 19, 2008, CMS finalized additional changes to the Stark Law regulations which become effective October 1, 2009. The Stark Law prohibits certain referrals to an entity that provides designated health services. In Phase I HCFA defined an “entity” as the person that bills Medicare. In the 2009 IPPS Rule, CMS expanded the definition of “entity” to include the service provider that “performs” the service. CMS refuses to define “perform,” stating it should have its common meaning. The effect of that change is that when a company is deemed to “perform” the Designated Health Service, a physician investor in the company that performs the service and who refers a patient for the service would be deemed to make a referral to an entity in which he or she has an ownership or investment interest. There is no exception to permit the referral. Thus, the physician could not make the referral (or the company with physician ownership could not longer perform the service). Referrals for lithotripsy services are not adversely affected because lithotripsy is not a Designated Health Service. However, CMS currently takes the position that any ancillary services that may be performed with the lithotripsy, such as insertion of a stent or a ureteroscopy to reposition a stone, is a Designated Health Service. This could adversely affect a lithotripsy center’s ability to permit a hospital to use its lithotripter table and C-arm and technician when an ancillary service is provided in a hospital.

Despite legislative history regarding Congressional intent that “per click” payments are permitted and its prior acceptance of “per click” payments in light of the legislative history, CMS reversed itself and changed the Stark Law regulations to prohibit a company in which there is physician ownership from maintaining a “per click” compensation arrangement with a DHS entity for the provision of office space or equipment if the space or equipment is used for services provided to patients referred by an investor physician. The change also prohibits a DHS entity, such as a hospital, from leasing space to a company in which there is physician ownership on a “per click” basis. CMS also prohibited percentage-based compensation for lease of office space or equipment. In the 2009 IPPS Rule CMS stated that this prohibition on “per click”

payments and percentage compensation would affect lithotripsy even though lithotripsy is not a Designated Health Service.

CMS subsequently revisited “per click” payments and percentage compensation as applied to lithotripsy in frequently asked question number 9556 (“FAQ”) posted on the CMS website. CMS was asked whether a physician-owned lithotripsy partnership that contracts with a hospital to provide a lithotripter and skilled technician “under arrangements” could be paid on a per-use or a percentage-based compensation formula without violating the Stark Law. CMS answered that a hospital may use a per-use formula or percentage-based compensation under certain circumstances. It stated, “[c]urrently lithotripsy is not considered a designated health service for purposes of the physician self-referral law. Therefore, if the physician owners of the lithotripsy partnership make referrals to the hospital for lithotripsy services ONLY, the physician self-referral law would not be implicated, and a per-unit or percentage-based compensation formula for the compensation arrangement between the lithotripsy partnership and the hospital would not be prohibited, even if the compensation arrangement is considered to be a lease of equipment (and other items or personnel).” CMS then went on to state that if the physician owners of the lithotripsy partnership refer Medicare patients to the contracting hospital for any Designated Health Service, then the compensation arrangement between the hospital and the lithotripsy partnership must comply with an applicable exception to the Stark Law. CMS stated that where a compensation arrangement between a lithotripsy partnership and a hospital is considered a lease of equipment, a per-unit or percentage based compensation formula would fail to satisfy the applicable exceptions to the Stark Law statute or regulations. However, if the lithotripsy partnership was actually providing a “service” (or package of services) to the hospital, and not merely leasing equipment over which the hospital would have dominion and control,” then the hospital may compensate the lithotripsy partnership using a per-unit or percentage-based compensation formula, so long as all of the requirements of the relevant exception to the Stark Law are satisfied.

**Section III**  
**Attachment 13**  
**Alternatives**

The Applicant reviewed no less than four alternatives: (1) do nothing and allow area hospitals to provide lithotripsy services to Medicaid and Medicare patients; (2) file a certificate of need application to establish a multi-specialty ambulatory surgery center at the site of the LaGrange Facility; (3) build a de novo ambulatory surgery center at a site other than the LaGrange Facility; and (4) file a certificate of need application to establish a single specialty, single procedure room, ambulatory surgery center at the site of the LaGrange Facility. The last option is the best option for patient care, is the least expensive option, and does not adversely impact other healthcare facilities.

**Alternative #1: Do Nothing**

Under this alternative, the Applicant would do nothing. However, as previously discussed, recent federal reimbursement changes concerning "under-arrangement" relationships now limit the LaGrange Facility's ability to treat Medicare and Medicaid patients on behalf of local area hospitals. The changes have not limited the Facility's ability to provide services to insured patients. Because the Facility is the largest provider of lithotripsy and laser services in the Service Area, this has negatively impacted Medicaid and Medicare patients. If the Applicant does nothing to address this change in the reimbursement rules, the LaGrange Facility will not be able to treat Medicaid and Medicare patients. Thus, Medicaid and Medicare patients suffering from kidney stones in the Service Area will have to: (a) wait longer for treatment because most area hospitals only contract for lithotripsy services on an intermittent basis; (b) endure additional procedures such as the insertion of catheters and stents while they wait to be treated; and (c) most likely incur greater costs because the lithotripsy procedures are being performed at hospitals. (See the letters attached at ATTACHMENT 27 from urologists in the Service Area expressing these concerns). In terms of cost, it is generally 25% to 50% less costly to have a procedure done at the Facility versus a hospital. Said another way, hospitals generally charge 33% to 100% more than the Facility for the same type of procedure. Given the large volume of Medicare patients seen by the Facility before the reimbursement changes (generally about 400 Medicare patients per year), the failure to establish the Surgery Center has and will continue to cost the federal government somewhere between \$500,000 to \$1,800,000 in Medicare technical fees on an annual basis. This alternative is also the worst option in terms of access to healthcare for Medicaid and Medicare patients.

**Alternative #2: Establish a Multi-Specialty Surgery Center at the LaGrange Facility**

Under this alternative, the Applicant would file a certificate of need to establish a multi-specialty ambulatory surgical treatment center at the site of the LaGrange Facility. This alternative was rejected because the Applicant would have to build an additional operating room to accommodate at least two other types of surgical procedures (e.g., cardiovascular, neurology, etc.) to "jump" from a single specialty to a multi-specialty surgery center. As currently configured, the proposed Surgery Center will have a single procedure room which will be equipped to treat kidney stones, urethral stones, and other urological conditions. The Surgery Center's single procedure room cannot and will not be able accommodate other types of procedures or surgeries. Also, the building which houses the LaGrange Facility (and the Surgery Center if this Project is approved) was specifically built for the Applicant's lithotripsy and laser center – so, the building has no "extra" space to accommodate additional operating rooms. A multi-specialty surgery center could also have a negative impact on other area healthcare

providers because a multi-specialty surgery center would, by definition, be offering services that are different than the services being offered at the LaGrange Facility. It is difficult to quantify the costs under this alternative, because the Applicant would have to leave the LaGrange Facility and effectively build a de novo surgery center; but presumably, the Applicant would have to spend in excess of \$2,600,000. See Alternative #3 below.

### **Alternative #3: Build a De Novo Surgery Center**

Under this alternative, the Applicant would move out of the LaGrange Facility and build a new surgery center. But as has been previously set forth in this Application, the LaGrange Facility has been operating as a Joint Commission accredited lithotripsy and laser center since 1995. Thus, the Applicant has been in the same location for years and the LaGrange Facility was specifically built as a lithotripsy center. Indeed, because the LaGrange Facility is already Joint Commission accredited, less than \$400,000 in renovations have to be made to bring the LaGrange Facility into compliance with the life safety code standards for licensed ambulatory surgery centers. In comparison, recent certificate of need applications to construct de novo ambulatory surgery centers have listed construction costs in excess of \$2,600,000. See, e.g., Grundy-Will Healthcare Surgery Center, Project No. 07-038 (\$2,620,550 in construction costs); Olympian Surgical Suites, Project No. 07-004 (\$2,680,000 in construction costs); State Norms (\$291 per square foot for new construction of ambulatory surgery centers). In short, maintaining the Applicant's current space lease is the least expensive option.

### **Alternative #4: Establish a Single Specialty Surgery Center at the LaGrange Facility**

In the final analysis, and in light of the significant issues expressed in the other alternatives, the Applicant chose to file a certificate of need application to establish a single procedure room, single specialty, ambulatory surgical treatment center. The proposed Surgery Center will perform the same exact services that are currently being performed at the Applicant's current LaGrange Facility; to wit, extracorporeal shockwave lithotripsy procedures for the treatment of kidney stones and laser procedures for the treatment urethral stones and benign prostatic hyperplasia (enlarged prostates). And, as stated throughout this Application, the proposed Surgery Center will serve the same patient population as the current LaGrange Facility has served for nearly fifteen years.

Indeed, this Alternative, unlike the other Alternatives, allows the Applicant to address a specific regulatory change at the reimbursement level with a highly precise regulatory change at the licensure level. In other words, there is no "collateral damage" to the other healthcare facilities in the area and healthcare costs will not rise. This is also the least costly option.

Finally, and most importantly, this Alternative allows the Applicant to once again treat Medicaid and Medicare patients, thereby greatly improving their access to healthcare.

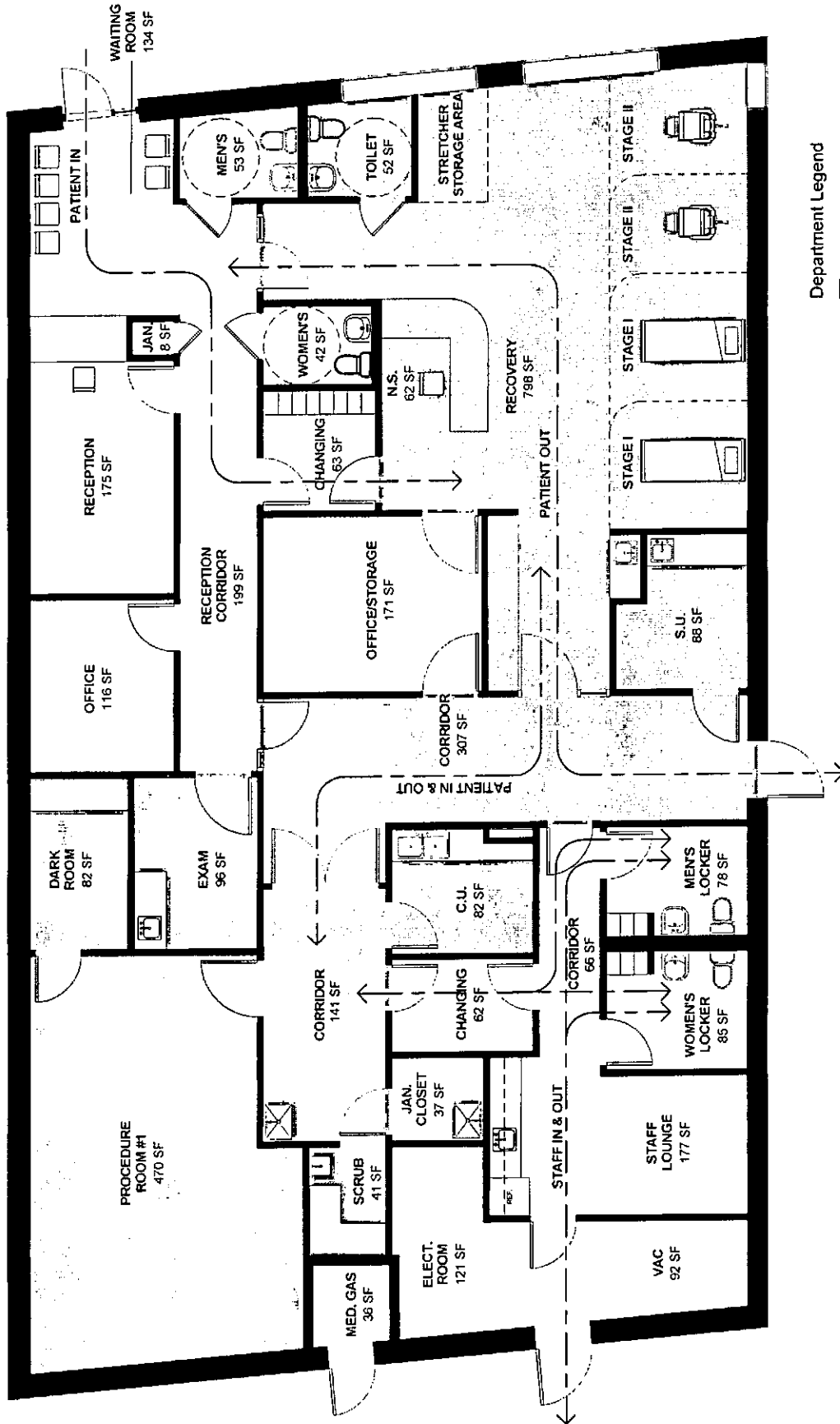
For these reasons, the Applicant chose this Alternative.

**Section IV**  
**Project Scope, Utilization, and Unfinished/Shell Space**



**Attachment 14**  
**Criterion 1110.234(a), Size of Project**

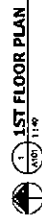
The Applicant is proposing to establish a 3,934 rentable square foot, single specialty ambulatory surgical treatment center with one procedure room and a recovery room with 2 stage I recovery beds and 2 stage II recovery stations. As set forth below, the procedure room, the recovery room, and the ambulatory surgical treatment center, as a whole, are sized below the State Norms. Floor plans for the Project are attached at ATTACHMENT 14.

Department/Area	Rooms Proposed	Proposed RSF	State Standard RSF	Difference RSF	Meets State Sizing Standard?
Non-Hospital Based Ambulatory Surgical Treatment Center	1 Surgical Procedure Suite (Class B)	470	1,100	630	Yes. Sized Below State Norm.
	Recovery Room	798	(2 * 180) + (2 * 400) = 360 + 800 = 1,160	362	Yes. Sized Below State Norm.
	2 Post-Anesthesia Recovery Phase I Beds & 2 Post-Anesthesia Recovery Phase II Stations				
	Other Clinical Portions (i.e., Exam Room, Dark Room)	951	No Standard	N/A	N/A
	Total Clinical Space	2,219	2,260		Yes. Sized Below State Norm
	Non-Clinical Portions (i.e., Toilets, Staff Lounge, Staff Lockers, Waiting Area, Offices, Storage)	1,715	No Standard	N/A	N/A
	Total Non-Clinical Space	1,715	No Standard	N/A	N/A



Department Legend

-  CLINICAL 2,219 S.F.
  -  NON-CLINICAL 1,715 S.F.
- TOTAL = 3,934 S.F.



**2401**  
 INCORPORATED  
 ARCHITECTURE, CONSTRUCTION, INTERIOR, CREATIVE



**Attachment 15**  
**Criterion 1110.234(b), Project Services Utilization**

The Applicant's strong historical demand for the services covered by this Application supports the establishment of a single procedure room, ambulatory surgical treatment center. In other words, it is anticipated that the same physicians that have used the LaGrange Facility in the past will continue to use it once it becomes a licensed ambulatory surgical treatment center. As the below chart establishes, the historical demand for the LaGrange Facility and projected demand for the Project has exceeded (and will continue to exceed) the utilization standards set forth in the State Norms.

Projected Procedure Room Utilization Analysis					
Year	Proposed Number of Procedure Rooms	Historical Utilization	Projected Utilization	State Utilization Standard	Meets State Sizing Standard?
2007	One Surgical Procedure Suite (Class B)	174,630 minutes or 2,910.5 hours per procedure room		1,500 hours per procedure room	Yes. Historical Utilization Substantially Exceeded State Norm.
2008	One Surgical Procedure Suite (Class B)	146,310 minutes or 2,438.5 hours per procedure room		1,500 hours per procedure room	Yes. Historical Utilization Substantially Exceeded State Norm.
2009	One Surgical Procedure Suite (Class B)	132,120 minutes or 2,202 hours per procedure room		1,500 hours per procedure room	Yes. Historical Utilization Substantially Exceeded State Norm.
2011	One Surgical Procedure Suite (Class B)		158,340 minutes or 2,639 hours per procedure room	1,500 hours per procedure room	Yes. Projected Utilization Substantially Exceeds State Norm.

See Dr. Donald Norris' Affidavit Regarding Past & Future Patient & Procedure Counts, Ms. Patti Murphy's Affidavit Regarding Procedure Room Need Assessment, and supporting calculations

for this Criterion, are attached at ATTACHMENT 15. Dr. Norris is the Medical Director at the LaGrange Facility and Ms. Murphy is the Vice President of Operations at the LaGrange Facility.

September 19, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761  
Dear Mr. Constantino:

Re: Affidavit Regarding Past & Future Patient & Procedure Counts at United Shockwave Therapy Center – La Grange

Dear Mr. Constantino:

I am board certified by the American Board of Urology and a Fellow of the American College of Surgeons. I am also the current Medical Director at the United Shockwave Therapy Center in La Grange, Illinois (the "Facility"). I am writing to express my strong support for the Facility's efforts to establish a licensed, ambulatory surgery center at its current location.

In 2007, physicians performed 2,256 extracorporeal shockwave lithotripsy procedures at the Facility.

In 2007, physicians performed 317 laser procedures at the Facility.

In 2008, physicians performed 1,966 extracorporeal shockwave lithotripsy procedures at the Facility. HIPAA compliant lists of those procedures by physician and zip code are attached hereto as Exhibits A and B respectively.

In 2008, physicians performed 224 laser lithotripsy procedures at the Facility. HIPAA compliant lists of those procedures by physician and zip code are attached hereto as Exhibits C and D respectively.

In 2009, physicians performed 1,796 extracorporeal shockwave lithotripsy procedures at the Facility. HIPAA compliant lists of those procedures by physician and zip code are attached hereto as Exhibits E and F respectively.

In 2009, physicians performed 194 laser procedures at the Facility. HIPAA compliant list of those procedures by physician and zip code are attached hereto as Exhibits G and H respectively.

Mr. Michael Constantino

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September 19, 2010


If the Illinois Health Facilities & Services Review Board authorizes the Facility to establish a licensed, ambulatory surgery center at its current location, it is my professional opinion that the physicians will perform 2,155 extracorporeal shockwave lithotripsy procedures and 232 laser procedures at the Facility in 2011.

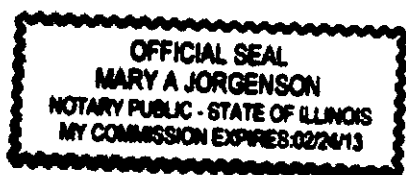
I certify, under oath and penalties as provided by law pursuant to 735 ILCS 5/1-109, that the information contained in this letter is true and correct to the best of my knowledge.

Sincerely,

  
Donald M. Norris, MD, FACS

SUBSCRIBED AND SWORN  
to before me this 20<sup>th</sup> day  
of September, 2010.

  
Notary Public



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
00060-0515	1	10/02/08	31097	KRENGEL MD SAMUEL
01430	1	05/13/08	36404	CHRISTENSEN MD JOHN
06446	1	06/09/08	13639	FAKOURI MD BEJAN
13618	1	02/28/08	34221	CORNFIELD MD JOEL
33573	1	10/31/08	41112	DHINDSA MD AVTAR S
46321	1	08/19/08	38986	BONAGURO MD RONALD
46342	1	03/05/08	34184	KUCERA MD JOSEPH
46349	1	04/08/08	35007	KIRSH MD EDWARD
55421-2740	1	02/13/08	33789	SEO MD ROBERT M
60007	3	02/08/08	32589	SCHUSTER MD GEORGE
		04/14/08	35455	TALLURI MD S
		11/07/08	30235	CINEL MD SCOTT
60010	3	10/21/08	40616	KRITSAS MD JOHN
		12/04/08	40616	KRITSAS MD JOHN
		12/08/08	41899	TALLURI MD S
60015	1	07/19/08	8213	SOSENKO MD GEORGE
60016	1	10/15/08	39817	BADWAN MD KHALID H
60026	2	06/12/08	36564	LYON MD PAUL
		10/21/08	40576	FAKOURI MD BEJAN
60031	1	12/15/08	13632	JANSON MD KENNETH
60034	2	11/14/08	41562	ZIMMERMAN MD ROBERT
		12/01/08	41562	ZIMMERMAN MD ROBERT
60056	3	06/20/08	37258	BADWAN MD KHALID H
		11/11/08	40975	SCHUSTER MD GEORGE
		11/21/08	41858	CHRISTENSEN MD JOHN
60083	1	06/04/08	36846	KUCERA MD JOSEPH
60101	19	01/22/08	28998	KISIELIUS MD PETRAS
		03/05/08	2203	LAI MD ROBERT S
		03/12/08	34587	TALLURI MD S
		04/23/08	29472	OH MD JOSEPH
		05/01/08	36027	KINZLER MD GORDON
		05/22/08	36614	KISIELIUS MD PETRAS
		06/26/08	37219	SCHUSTER MD GEORGE
		08/04/08	38618	LAI MD ROBERT S
		08/21/08	38882	KISIELIUS MD PETRAS
		08/22/08	37046	CINEL MD SCOTT
		09/04/08	38882	KISIELIUS MD PETRAS

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60101...	19...	09/19/08	39827	TALLURI MD S
		09/26/08	40140	KISIELIUS MD PETRAS
		10/09/08	38882	KISIELIUS MD PETRAS
		10/11/08	39863	SOSENKO MD GEORGE
		10/13/08	39827	TALLURI MD S
		10/14/08	40451	OH MD JOSEPH
		10/16/08	39671	GIBLIN MD JAMES
		12/12/08	42222	BADWAN MD KHALID H
60103	26	01/25/08	32242	SMITH MD CRAIG
			32383	BADWAN MD KHALID H
		02/08/08	32242	SMITH MD CRAIG
		02/20/08	33697	CHALLENGER MD ROBER
		02/27/08	34174	UNG MD JEAN OU
		03/14/08	34725	LENTING MD ERIC
		04/01/08	34725	LENTING MD ERIC
		04/16/08	33480	CHALLENGER MD ROBER
		04/30/08	35811	GIBLIN MD JAMES
		05/07/08	36088	TALLURI MD S
		05/12/08	35731	UNG MD JEAN OU
		05/22/08	6436	LENTING MD ERIC
		05/31/08	36791	TROCKMAN MD BRETT
		08/14/08	38424	KISIELIUS MD PETRAS
		08/28/08	38424	KISIELIUS MD PETRAS
		09/25/08	39717	TROCKMAN MD BRETT
		10/03/08	37963	SMITH MD CRAIG
			40035	MERRICK MD PAUL
		10/10/08	38424	KISIELIUS MD PETRAS
		10/30/08	39717	NUZZARELLO MD JOSEPH
		10/31/08	37963	SMITH MD CRAIG
			38765	SMITH MD CRAIG
		11/03/08	41155	MERRICK MD PAUL
11/11/08	41420	CHRISTENSEN MD JOHN		
11/28/08	37963	SMITH MD CRAIG		
12/18/08	41718	GIBLIN MD JAMES		
60104	7	07/09/08	6023	NUZZARELLO MD JOSEPH
		09/27/08	40032	ZIMMERMAN MD ROBERT
		09/30/08	40206	KUCERA MD JOSEPH

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60104...	7...	10/06/08	40334	ZIMMERMAN MD ROBERT
		10/13/08	40032	ZIMMERMAN MD ROBERT
		11/03/08	40334	ZIMMERMAN MD ROBERT
		12/03/08	40334	ZIMMERMAN MD ROBERT
60106	12	02/15/08	33713	LAI MD ROBERT S
		04/22/08	34836	KISIELIUS MD PETRAS
		04/29/08	34836	KISIELIUS MD PETRAS
		05/16/08	36365	BADWAN MD KHALID H
		05/19/08	36498	BADWAN MD KHALID H
		06/04/08	36498	BADWAN MD KHALID H
		06/23/08	37360	KINZLER MD GORDON
		06/26/08	37382	KISIELIUS MD PETRAS
		09/05/08	39389	CINEL MD SCOTT
		09/19/08	39811	BADWAN MD KHALID H
		10/16/08	38813	KISIELIUS MD PETRAS
		11/19/08	41756	TALLURI MD S
60107	1	07/15/08	37778	CHRISTENSEN MD JOHN
60108	17	02/15/08	33273	CINEL MD SCOTT
		02/19/08	24971	CHRISTENSEN MD JOHN
		04/12/08	35245	TALLURI MD S
		04/30/08	18800	GIBLIN MD JAMES
		05/05/08	35797	TALLURI MD S
		06/03/08	36937	CHRISTENSEN MD JOHN
		06/10/08	37100	TALLURI MD S
		06/25/08	15388	CHALLENGER MD ROBER
			37041	CHALLENGER MD ROBER
		07/11/08	37176	SMITH MD CRAIG
			37965	UNG MD JEAN OU
		09/04/08	39022	NUZZARELLO MD JOSEPH
		09/12/08	31278	CHALLENGER MD ROBER
		10/03/08	32422	MERRICK MD PAUL
		10/30/08	31278	NUZZARELLO MD JOSEPH
11/20/08	40915	NUZZARELLO MD JOSEPH		
12/12/08	42022	MERRICK MD PAUL		
60112	9	04/08/08	35041	BUX MD SAJIT
		06/11/08	36999	BUX MD SAJIT
		06/20/08	37392	PLANTE MD JOHN

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60112...	9...	08/15/08	37392	PLANTE MD JOHN
		10/24/08	40879	PLANTE MD JOHN
		10/30/08	40996	PLANTE MD JOHN
		11/11/08	40879	CHRISTENSEN MD JOHN
		12/04/08	41902	BUX MD SAJIT
		12/18/08	41855	SMITH MD CORNELIUS
60115	21	01/24/08	32793	BURSTEIN MD JAY D
		02/05/08	33583	BUX MD SAJIT
		02/08/08	32944	BURSTEIN MD JAY D
		03/20/08	33583	BUX MD SAJIT
		04/04/08	34445	BURSTEIN MD JAY D
		05/08/08	35850	BUX MD SAJIT
		05/13/08	24035	STEINBERG MD ABRAHAM
		06/11/08	33583	BUX MD SAJIT
		06/12/08	36536	BURSTEIN MD JAY D
		06/18/08	37327	BUX MD SAJIT
		07/02/08	37659	BUX MD SAJIT
		08/05/08	38411	BUX MD SAJIT
		08/22/08	38514	BURSTEIN MD JAY D
		09/26/08	38514	BURSTEIN MD JAY D
			40057	BURSTEIN MD JAY D
		10/02/08	13205	BUX MD SAJIT
		10/15/08	39994	BUX MD SAJIT
		10/24/08	40057	BURSTEIN MD JAY D
			40871	BADWAN MD KHALID H
		10/30/08	40998	PLANTE MD JOHN
12/16/08	42199	BUX MD SAJIT		
60118	2	03/19/08	34805	NUZZARELLO MD JOSEPH
		05/14/08	34805	NUZZARELLO MD JOSEPH
60119	8	02/19/08	30679	CHRISTENSEN MD JOHN
		03/13/08	34656	PLANTE MD JOHN
		03/25/08	34992	RASHID MD MICHAEL A
		03/28/08	34656	LENTING MD ERIC
		06/03/08	36839	CHRISTENSEN MD JOHN
		09/10/08	39692	STEINBERG MD ABRAHAM
		10/24/08	40878	PLANTE MD JOHN
		12/19/08	42477	RASHID MD MICHAEL A



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60120	4	01/04/08	32648	RASHID MD MICHAEL A
		01/30/08	33257	LYON MD PAUL
		05/05/08	36020	TALLURI MD S
		05/30/08	36819	BADWAN MD KHALID H
60123	1	07/17/08	26493	PLANTE MD JOHN
60124	2	08/01/08	38637	LENTING MD ERIC
		12/04/08	42141	TROCKMAN MD BRETT
60124-3120	1	10/10/08	40284	CINEL MD SCOTT
60126	26	02/21/08	33960	KISIELIUS MD PETRAS
		02/29/08	29674	CINEL MD SCOTT
			32737	CINEL MD SCOTT
		03/06/08	33960	KISIELIUS MD PETRAS
		03/17/08	34664	BADWAN MD KHALID H
		05/01/08	35997	KISIELIUS MD PETRAS
		05/14/08	36041	NUZZARELLO MD JOSEPH
		05/16/08	36087	PASCIAK MD ROBERT
		06/20/08	27485	SADAH MD ALAN
		07/11/08	37789	UNG MD JEAN OU
		07/23/08	38101	TROCKMAN MD BRETT
		08/06/08	38691	CINEL MD SCOTT
		08/16/08	39071	SMITH MD CRAIG
		08/20/08	38692	CINEL MD SCOTT
		09/05/08	39071	SMITH MD CRAIG
		09/08/08	39628	KINZLER MD GORDON
		09/12/08	39319	LAI MD ROBERT S
		10/01/08	40102	BADWAN MD KHALID H
		10/29/08	40952	LAI MD ROBERT S
		11/26/08	27485	SADAH MD ALAN
		12/08/08	26684	TALLURI MD S
		12/10/08	12399	KINZLER MD GORDON
			42161	CINEL MD SCOTT
12/12/08	42286	BADWAN MD KHALID H		
12/17/08	38691	CINEL MD SCOTT		
12/31/08	42286	BADWAN MD KHALID H		
60126-3159	1	03/11/08	34193	KIRSH MD EDWARD
60128	2	08/21/08	38807	KISIELIUS MD PETRAS
		08/28/08	38807	KISIELIUS MD PETRAS

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60130	14	01/07/08	32741	ZIMMERMAN MD ROBERT
		01/09/08	32741	ZIMMERMAN MD ROBERT
		01/15/08	32661	KIRSH MD EDWARD
		01/29/08	32661	KIRSH MD EDWARD
		05/28/08	36535	KRITSAS MD JOHN
		07/30/08	28404	ZIMMERMAN MD ROBERT
		08/12/08	32661	KIRSH MD EDWARD
		08/13/08	28404	ZIMMERMAN MD ROBERT
		08/25/08	28404	LEYLAND II MD JOHN T
		10/16/08	39250	GIBLIN MD JAMES
		10/20/08	28404	LEYLAND II MD JOHN T
		11/10/08	41211	ZIMMERMAN MD ROBERT
		11/17/08	41211	ZIMMERMAN MD ROBERT
		11/26/08	41978	TOMERA MD FRED
60130-1925	1	08/29/08	21492	AGHA MD ARIF
60131	4	06/10/08	36903	GIBLIN MD JAMES
		07/23/08	36903	TROCKMAN MD BRETT
		10/17/08	40594	LAI MD ROBERT S
		12/31/08	42139	KINZLER MD GORDON
60133	11	02/06/08	32986	TROCKMAN MD BRETT
		04/03/08	35103	SCHUSTER MD GEORGE
		04/17/08	34612	MERRICK MD PAUL
		05/22/08	36471	UNG MD JEAN OU
		05/31/08	36610	MERRICK MD PAUL
		06/04/08	36765	TALLURI MD S
		08/01/08	36765	TALLURI MD S
		09/19/08	36765	TALLURI MD S
		10/17/08	23516	SMITH MD CRAIG
		11/03/08	40748	MERRICK MD PAUL
60134	24	12/11/08	34612	MERRICK MD PAUL
		02/07/08	33479	PLANTE MD JOHN
		02/15/08	33566	PLANTE MD JOHN
		03/25/08	34983	RASHID MD MICHAEL A
		03/28/08	35052	LENTING MD ERIC
		04/03/08	35074	RASHID MD MICHAEL A
		04/11/08	34916	RASHID MD MICHAEL A
04/16/08	28352	CHALLENGER MD ROBER		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60134...	24...	05/09/08	35873	PLANTE MD JOHN
		05/20/08	36444	CHRISTENSEN MD JOHN
		05/28/08	36430	TROCKMAN MD BRETT
		06/08/08	36754	LENTING MD ERIC
			36794	LENTING MD ERIC
		06/17/08	37157	CHRISTENSEN MD JOHN
		07/01/08	35873	PLANTE MD JOHN
		07/09/08	36430	NUZZARELLO MD JOSEPH
		07/18/08	36444	LENTING MD ERIC
		09/18/08	33479	PLANTE MD JOHN
		10/01/08	40348	LENTING MD ERIC
		10/22/08	10895	SOBEL MD DAVID L
		11/13/08	41335	PLANTE MD JOHN
		11/21/08	40729	CHRISTENSEN MD JOHN
		12/09/08	36794	LENTING MD ERIC
12/19/08	42129	RASHID MD MICHAEL A		
12/30/08	42806	LENTING MD ERIC		
60134-2321	1	07/30/08	29551	MISUREC MD PETER
60135	1	06/12/08	36537	BURSTEIN MD JAY D
60137	24	01/23/08	30475	NUZZARELLO MD JOSEPH
		02/06/08	33369	TROCKMAN MD BRETT
		02/20/08	33819	CHALLENGER MD ROBER
		02/22/08	28727	SOSENKO MD GEORGE
		04/14/08	35181	UNG MD JEAN OU
		04/21/08	35710	FAKOURI MD BEJAN
		05/08/08	34619	MERRICK MD PAUL
		05/24/08	30475	NUZZARELLO MD JOSEPH
		07/03/08	37432	MERRICK MD PAUL
		07/05/08	28727	SOSENKO MD GEORGE
		08/26/08	39203	UNG MD JEAN OU
		09/03/08	39401	BADWAN MD KHALID H
		09/18/08	39647	CHALLENGER MD ROBER
		09/19/08	9747	SMITH MD CRAIG
		09/26/08	40169	RASHID MD MICHAEL A
10/03/08	40074	MERRICK MD PAUL		
10/13/08	10784	UNG MD JEAN OU		
10/16/08	31118	GIBLIN MD JAMES		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60137...	24...	10/16/08...	39933	GIBLIN MD JAMES
		10/24/08	8360	PLANTE MD JOHN
		10/28/08	40872	CHRISTENSEN MD JOHN
		10/30/08	40896	NUZZARELLO MD JOSEPH
		10/31/08	40830	SMITH MD CRAIG
		11/03/08	40591	MERRICK MD PAUL
60139	5	01/17/08	32928	MERRICK MD PAUL
		05/14/08	35957	NUZZARELLO MD JOSEPH
		05/28/08	36543	LISEK MD ERNST
		07/11/08	38031	SMITH MD CRAIG
		08/28/08	37070	MERRICK MD PAUL
60140	2	06/27/08	37561	RASHID MD MICHAEL A
		07/23/08	37561	RASHID MD MICHAEL A
60143	1	03/27/08	34822	SCHUSTER MD GEORGE
60144	1	09/12/08	39862	RASHID MD MICHAEL A
60148	38	01/11/08	31970	KOLBUSZ MD WILLIAM
		01/17/08	32862	KOLBUSZ MD WILLIAM
		01/25/08	32711	SMITH MD CRAIG
		02/20/08	33992	KINZLER MD GORDON
		02/26/08	34045	FAKOURI MD BEJAN
		03/05/08	34394	LAI MD ROBERT S
		03/06/08	33992	KINZLER MD GORDON
		03/10/08	34376	WEST MD PAUL
		03/19/08	27865	NUZZARELLO MD JOSEPH
			34693	LISEK MD ERNST
		03/20/08	10420	LISEK MD ERNST
		03/21/08	34794	SMITH MD CRAIG
		03/24/08	34724	BADWAN MD KHALID H
		03/26/08	34908	HWANG MD JAY
		04/04/08	34947	TALLURI MD S
		04/17/08	35544	KISIELIUS MD PETRAS
		04/28/08	35740	TALLURI MD S
		05/01/08	35544	KISIELIUS MD PETRAS
		05/28/08	36778	SMITH MD CRAIG
		05/31/08	36629	LISEK MD ERNST
06/03/08	18139	KIRSH MD EDWARD		
06/10/08	34947	TALLURI MD S		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60148...	38...	06/21/08	6284	SMITH MD CRAIG
			37383	SMITH MD CRAIG
		06/27/08	37587	SMITH MD CRAIG
		07/18/08	38216	UNG MD JEAN OU
		08/01/08	38422	CINEL MD SCOTT
		08/06/08	38371	CHALLENGER MD ROBER
		08/11/08	37998	PASCIAK MD ROBERT
		08/22/08	6284	SMITH MD CRAIG
		10/02/08	39501	TROCKMAN MD BRETT
		10/17/08	1465	SMITH MD CRAIG
		11/19/08	34947	TALLURI MD S
		11/24/08	40696	PASCIAK MD ROBERT
		11/28/08	41364	SEO MD ROBERT M
			41987	CINEL MD SCOTT
		12/02/08	40696	PASCIAK MD ROBERT
12/11/08	5392	KINZLER MD GORDON		
60148-0381	1	05/12/08	36109	BADWAN MD KHALID H
60148-1073	1	05/19/08	36538	TALLURI MD S
60150	3	01/11/08	16467	LENTING MD ERIC
		08/22/08	38512	BURSTEIN MD JAY D
		11/21/08	41092	BURSTEIN MD JAY D
60151	3	01/25/08	31544	RASHID MD MICHAEL A
		04/03/08	31544	RASHID MD MICHAEL A
		05/30/08	36621	PLANTE MD JOHN
60153	4	01/19/08	32982	SADAH MD ALAN
		11/12/08	41450	LEYLAND II MD JOHN T
		12/23/08	42644	LAI MD ROBERT S
		12/29/08	42708	LAI MD ROBERT S
60154	16	02/21/08	33955	CORNFIELD MD JOEL
		04/17/08	35293	LYON MD PAUL
		05/16/08	36460	MISUREC MD PETER
		05/21/08	36528	MILANI DO MICHAEL
		06/19/08	37094	CORNFIELD MD JOEL
		06/24/08	37364	MORAN MD GEORGE G
		07/02/08	37340	ZIMMERMAN MD ROBERT
		07/16/08	37340	ZIMMERMAN MD ROBERT
		07/30/08	38485	MORAN MD GEORGE G

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60154...	16...	08/05/08	38315	MORAN MD GEORGE G
		08/06/08	38711	MORAN MD MICHAEL
		09/27/08	40215	ZIMMERMAN MD ROBERT
		11/18/08	41599	KIRSH MD EDWARD
		11/24/08	41560	ZIMMERMAN MD ROBERT
		11/26/08	41639	LYON MD PAUL
		12/02/08	41599	KIRSH MD EDWARD
60155	2	04/15/08	35391	KUCERA MD JOSEPH
		05/14/08	35391	KUCERA MD JOSEPH
60156	3	01/23/08	31104	NUZZARELLO MD JOSEPH
		03/19/08	31104	NUZZARELLO MD JOSEPH
		06/12/08	31104	NUZZARELLO MD JOSEPH
60157	2	03/07/08	34211	RASHID MD MICHAEL A
		08/14/08	38455	SCHUSTER MD GEORGE
60160	16	01/02/08	11050	TOMERA MD FRED
		01/28/08	33283	LEYLAND II MD JOHN T
		04/14/08	33283	LEYLAND II MD JOHN T
		04/21/08	35427	ZIMMERMAN MD ROBERT
		05/23/08	36682	LAI MD ROBERT S
		06/04/08	36766	BADWAN MD KHALID H
		06/16/08	33283	LEYLAND II MD JOHN T
		07/08/08	37828	MISUREC MD PETER
		07/09/08	37818	LAI MD ROBERT S
		07/23/08	37828	MISUREC MD PETER
		09/12/08	29078	SADAH MD ALAN
		10/08/08	40311	LAI MD ROBERT S
		10/21/08	40804	LAI MD ROBERT S
		10/29/08	40609	LAI MD ROBERT S
		12/18/08	1855	TOMERA MD FRED
12/30/08	40311	LAI MD ROBERT S		
60162	7	05/21/08	36192	BADWAN MD KHALID H
		07/22/08	38282	LAI MD ROBERT S
		09/09/08	38282	SEO MD ROBERT M
		11/10/08	41421	ZIMMERMAN MD ROBERT
		11/24/08	41421	ZIMMERMAN MD ROBERT
		12/03/08	41696	MILANI DO MICHAEL
		12/29/08	41421	ZIMMERMAN MD ROBERT

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60163	3	02/07/08	33522	CORNFIELD MD JOEL
		03/19/08	34623	NUZZARELLO MD JOSEPH
		06/25/08	2748	TOMERA MD FRED
60164	12	01/18/08	32217	BADWAN MD KHALID H
		02/15/08	33745	CINEL MD SCOTT
		02/27/08	19768	BADWAN MD KHALID H
		03/14/08	33745	CINEL MD SCOTT
		04/03/08	33745	CINEL MD SCOTT
		04/16/08	26471	CHALLENGER MD ROBERT
		05/07/08	35671	LAI MD ROBERT S
		07/22/08	38256	KISIELIUS MD PETRAS
		08/20/08	38256	KISIELIUS MD PETRAS
		11/06/08	40055	CINEL MD SCOTT
		12/10/08	40055	CINEL MD SCOTT
			42220	KINZLER MD GORDON
60165	1	02/07/08	33390	KISIELIUS MD PETRAS
60169	1	12/18/08	1617	GIBLIN MD JAMES
60171	1	04/14/08	35319	LAI MD ROBERT S
60172	4	02/08/08	32018	TALLURI MD S
		02/14/08	10510	MERRICK MD PAUL
		06/10/08	37008	BADWAN MD KHALID H
		06/30/08	37008	BADWAN MD KHALID H
60174	36	01/30/08	33264	STEINBERG MD ABRAHAM
		03/07/08	34197	RASHID MD MICHAEL A
		03/18/08	18228	STEINBERG MD ABRAHAM
		03/20/08	34732	PLANTE MD JOHN
		04/01/08	35159	LENTING MD ERIC
		04/03/08	23014	RASHID MD MICHAEL A
			34197	RASHID MD MICHAEL A
		04/17/08	35332	PLANTE MD JOHN
		04/29/08	35826	LENTING MD ERIC
		05/09/08	35874	PLANTE MD JOHN
			36076	PLANTE MD JOHN
		05/13/08	18228	STEINBERG MD ABRAHAM
		06/04/08	34197	RASHID MD MICHAEL A
06/07/08	20411	SMITH MD CRAIG		
06/17/08	37213	CHRISTENSEN MD JOHN		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60174...	36...	07/11/08	35826	RASHID MD MICHAEL A
		07/15/08	38157	CHRISTENSEN MD JOHN
		07/23/08	17319	TROCKMAN MD BRETT
		07/31/08	18228	STEINBERG MD ABRAHAM
			29496	STEINBERG MD ABRAHAM
		08/01/08	38095	PLANTE MD JOHN
		08/04/08	38413	LENTING MD ERIC
		09/11/08	38413	LENTING MD ERIC
		09/26/08	40183	RASHID MD MICHAEL A
		10/01/08	40172	RASHID MD MICHAEL A
		10/09/08	40268	PLANTE MD JOHN
		10/23/08	18228	STEINBERG MD ABRAHAM
		10/24/08	40956	PLANTE MD JOHN
		10/28/08	40325	CHRISTENSEN MD JOHN
		11/07/08	40255	LENTING MD ERIC
			40956	LENTING MD ERIC
		11/14/08	38157	RASHID MD MICHAEL A
			41469	RASHID MD MICHAEL A
		12/05/08	42124	LENTING MD ERIC
		12/11/08	41905	STEINBERG MD ABRAHAM
12/23/08	42655	LENTING MD ERIC		
60174-4001	1	12/05/08	42217	LENTING MD ERIC
60174-4519	1	01/03/08	32727	KISIELIUS MD PETRAS
60175	18	01/09/08	32766	CHALLENGER MD ROBER
		01/16/08	33059	RASHID MD MICHAEL A
		03/07/08	33901	PLANTE MD JOHN
			34460	PLANTE MD JOHN
		03/27/08	34460	PLANTE MD JOHN
		04/11/08	13432	RASHID MD MICHAEL A
		04/21/08	35763	UNG MD JEAN OU
		05/09/08	36196	CHRISTENSEN MD JOHN
		06/03/08	36796	CHRISTENSEN MD JOHN
		06/20/08	36796	PLANTE MD JOHN
		06/26/08	37319	STEINBERG MD ABRAHAM
		07/15/08	37986	CHRISTENSEN MD JOHN
		08/15/08	38450	PLANTE MD JOHN
09/03/08	37319	STEINBERG MD ABRAHAM		



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60175...	18...	10/01/08	40186	RASHID MD MICHAEL A
		11/12/08	41277	STEINBERG MD ABRAHAM
		11/21/08	40186	CHRISTENSEN MD JOHN
		11/25/08	41933	CHRISTENSEN MD JOHN
60176	4	01/07/08	8205	ZIMMERMAN MD ROBERT
		08/13/08	37223	LAI MD ROBERT S
		08/19/08	37313	KISIELIUS MD PETRAS
		10/17/08	37223	LAI MD ROBERT S
60177	7	02/19/08	33965	CHRISTENSEN MD JOHN
		03/12/08	32979	OH MD JOSEPH
		05/09/08	35941	PLANTE MD JOHN
		05/21/08	32979	OH MD JOSEPH
		05/30/08	36844	PLANTE MD JOHN
		06/17/08	36998	CHRISTENSEN MD JOHN
		12/12/08	41643	LENTING MD ERIC
60177-3238	1	09/26/08	40087	RASHID MD MICHAEL A
60178	9	01/08/08	32792	BUX MD SAJIT
		02/05/08	33211	BUX MD SAJIT
		02/08/08	3089	BURSTEIN MD JAY D
		04/04/08	34578	BURSTEIN MD JAY D
		04/10/08	33211	BUX MD SAJIT
		06/24/08	37507	BUX MD SAJIT
		10/29/08	40046	BUX MD SAJIT
		11/13/08	40423	PLANTE MD JOHN
		12/04/08	41637	BUX MD SAJIT
60181	25	01/02/08	32656	BADWAN MD KHALID H
		01/09/08	32656	BADWAN MD KHALID H
		01/14/08	31841	SMITH MD CRAIG
		01/16/08	32121	KRITSAS MD JOHN
		02/11/08	33712	ZIMMERMAN MD ROBERT
		02/20/08	33645	TALLURI MD S
		02/25/08	33712	ZIMMERMAN MD ROBERT
		03/12/08	33645	TALLURI MD S
		03/31/08	33712	ZIMMERMAN MD ROBERT
		04/04/08	32464	CINEL MD SCOTT
			33645	TALLURI MD S
		04/10/08	35424	KISIELIUS MD PETRAS

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60181...	25...	04/17/08	35516	KISIELIUS MD PETRAS
		04/24/08	35424	KISIELIUS MD PETRAS
			35516	KISIELIUS MD PETRAS
		05/01/08	22265	KISIELIUS MD PETRAS
		05/15/08	22265	KISIELIUS MD PETRAS
			35748	KRITSAS MD JOHN
		06/20/08	35748	KRITSAS MD JOHN
		07/07/08	37616	LYON MD PAUL
		07/15/08	38077	SMITH MD CRAIG
		07/19/08	38160	WEST MD PAUL
		09/19/08	39536	CINEL MD SCOTT
		09/29/08	39276	GIBLIN MD JAMES
		12/18/08	39276	GIBLIN MD JAMES
60181-3348	2	08/26/08	39262	SOSENKO MD GEORGE
		09/19/08	39262	CORNFIELD MD JOEL
60184	2	01/04/08	32568	UNG MD JEAN OU
		01/21/08	32568	UNG MD JEAN OU
60185	18	01/02/08	32539	LISEK MD ERNST
		01/29/08	33398	LENTING MD ERIC
		02/08/08	32832	SMITH MD CRAIG
		02/19/08	33759	CHRISTENSEN MD JOHN
		04/15/08	33759	CHRISTENSEN MD JOHN
		04/17/08	26707	PLANTE MD JOHN
		04/18/08	32832	SMITH MD CRAIG
		05/20/08	33759	CHRISTENSEN MD JOHN
		05/28/08	13660	TROCKMAN MD BRETT
		09/25/08	39982	TROCKMAN MD BRETT
		11/03/08	40611	MERRICK MD PAUL
		11/13/08	26837	CHALLENGER MD ROBER
		11/20/08	26707	PLANTE MD JOHN
			39982	NUZZARELLO MD JOSEPH
		12/05/08	4066	LENTING MD ERIC
			42201	LENTING MD ERIC
12/11/08	41603	UNG MD JEAN OU		
12/12/08	33759	LENTING MD ERIC		
60187	33	01/23/08	32970	OH MD JOSEPH
		01/28/08	33141	UNG MD JEAN OU

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60187...	33...	02/06/08	33204	OH MD JOSEPH
		02/16/08	22035	GIBLIN MD JAMES
		03/19/08	32060	NUZZARELLO MD JOSEPH
		03/20/08	34556	PLANTE MD JOHN
		04/30/08	35164	GIBLIN MD JAMES
			35725	GIBLIN MD JAMES
		05/02/08	32594	SMITH MD CRAIG
		05/14/08	35149	NUZZARELLO MD JOSEPH
		05/28/08	36609	TROCKMAN MD BRETT
		05/29/08	36804	SMITH MD CRAIG
		06/07/08	37033	SMITH MD CRAIG
		06/09/08	36600	NUZZARELLO MD JOSEPH
		06/25/08	36909	CHALLENGER MD ROBERT
		07/15/08	37766	CHRISTENSEN MD JOHN
		08/05/08	8875	MERRICK MD PAUL
		08/06/08	37107	CHALLENGER MD ROBERT
		08/22/08	35389	SMITH MD CRAIG
		09/03/08	8875	SMITH MD CRAIG
		09/09/08	37439	FAKOURI MD BEJAN
		09/18/08	39476	MERRICK MD PAUL
		10/01/08	11970	RASHID MD MICHAEL A
		10/02/08	39516	TROCKMAN MD BRETT
		10/03/08	8875	SMITH MD CRAIG
			19851	SMITH MD CRAIG
		10/09/08	34556	PLANTE MD JOHN
		10/30/08	40582	NUZZARELLO MD JOSEPH
		11/05/08	11099	CHALLENGER MD ROBERT
		11/20/08	40615	NUZZARELLO MD JOSEPH
41572	NUZZARELLO MD JOSEPH			
12/03/08	42028	DARWISH MD MOHAMMED		
12/20/08	42474	SMITH MD CRAIG		
60188	13	02/23/08	33954	SMITH MD CRAIG
		04/24/08	25987	SMITH MD CRAIG
		05/14/08	35205	NUZZARELLO MD JOSEPH
		05/17/08	36517	SOSENKO MD GEORGE
		05/31/08	36517	SOSENKO MD GEORGE
		06/03/08	30769	CHRISTENSEN MD JOHN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60188...	13...	06/05/08	36919	MERRICK MD PAUL
		06/12/08	36457	NUZZARELLO MD JOSEPH
		09/18/08	39398	CHALLENGER MD ROBERT
			39653	CHALLENGER MD ROBERT
		11/28/08	41897	SMITH MD CRAIG
		12/04/08	42030	TROCKMAN MD BRETT
		12/19/08	42574	RASHID MD MICHAEL A
60189	8	02/20/08	33967	CHALLENGER MD ROBERT
		08/27/08	39200	CHALLENGER MD ROBERT
		09/18/08	39200	CHALLENGER MD ROBERT
		10/08/08	40452	OH MD JOSEPH
		10/22/08	40654	LYON MD PAUL
			40835	LYON MD PAUL
		11/13/08	41080	CHALLENGER MD ROBERT
12/10/08	42344	CHRISTENSEN MD JOHN		
60189-7651	1	06/05/08	36917	MERRICK MD PAUL
60190	1	01/15/08	33006	CHRISTENSEN MD JOHN
60191	4	05/05/08	36106	TOMERA MD FRED
		09/13/08	39719	MERRICK MD PAUL
		11/13/08	41284	KISIELIUS MD PETRAS
		12/30/08	41284	KISIELIUS MD PETRAS
60192	4	03/11/08	34604	CHRISTENSEN MD JOHN
		05/19/08	36317	TALLURI MD S
		06/10/08	36317	TALLURI MD S
		08/01/08	37840	TALLURI MD S
60193	2	04/04/08	34721	CINEL MD SCOTT
		08/20/08	38899	KRITSAS MD JOHN
60194	4	02/21/08	28026	SCHUSTER MD GEORGE
		09/25/08	38121	SCHUSTER MD GEORGE
		11/19/08	41458	TALLURI MD S
		12/17/08	41458	TALLURI MD S
60197	1	06/10/08	36650	UNG MD JEAN OU
60302	35	01/11/08	32771	AGHA MD ARIF
		01/26/08	29151	SUNDAR MD B
		03/10/08	34162	ZIMMERMAN MD ROBERT
		03/20/08	32771	AGHA MD ARIF
		03/24/08	34162	ZIMMERMAN MD ROBERT

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60302...	35...	03/31/08	34729	LEYLAND II MD JOHN T
		04/07/08	34162	ZIMMERMAN MD ROBERT
		04/21/08	34162	ZIMMERMAN MD ROBERT
		05/05/08	35853	ZIMMERMAN MD ROBERT
		05/12/08	36205	ZIMMERMAN MD ROBERT
		05/19/08	34162	ZIMMERMAN MD ROBERT
			35853	ZIMMERMAN MD ROBERT
		06/03/08	18140	KIRSH MD EDWARD
		06/09/08	36205	ZIMMERMAN MD ROBERT
		06/25/08	17276	ZIMMERMAN MD ROBERT
			37237	ZIMMERMAN MD ROBERT
		07/01/08	34162	LEYLAND II MD JOHN T
		07/10/08	37727	CORNFIELD MD JOEL
		07/14/08	38001	LEYLAND II MD JOHN T
		07/15/08	37954	MORAN MD GEORGE G
		07/23/08	11339	ZIMMERMAN MD ROBERT
		07/30/08	11339	ZIMMERMAN MD ROBERT
		08/04/08	38001	LEYLAND II MD JOHN T
		08/06/08	37237	ZIMMERMAN MD ROBERT
		08/20/08	17276	ZIMMERMAN MD ROBERT
		09/08/08	38001	LEYLAND II MD JOHN T
		09/24/08	40059	WOHLBERG MD F
		10/25/08	39991	SADAH MD ALAN
		10/27/08	11339	ZIMMERMAN MD ROBERT
			40722	ZIMMERMAN MD ROBERT
		11/03/08	41119	LEYLAND II MD JOHN T
		11/12/08	40722	ZIMMERMAN MD ROBERT
11/17/08	41119	LEYLAND II MD JOHN T		
12/01/08	34162	LEYLAND II MD JOHN T		
12/08/08	11339	ZIMMERMAN MD ROBERT		
60302-1811	2	07/23/08	2567	ZIMMERMAN MD ROBERT
		07/30/08	2567	ZIMMERMAN MD ROBERT
60303	1	06/09/08	36421	ZIMMERMAN MD ROBERT
60304	17	01/07/08	32071	ZIMMERMAN MD ROBERT
		01/14/08	32071	ZIMMERMAN MD ROBERT
		01/21/08	33153	ZIMMERMAN MD ROBERT
		02/04/08	33153	ZIMMERMAN MD ROBERT

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60304...	17...	03/17/08	34722	ZIMMERMAN MD ROBERT
		03/31/08	34722	ZIMMERMAN MD ROBERT
		05/24/08	36265	SADAH MD ALAN
			36376	SADAH MD ALAN
		06/18/08	19539	ZIMMERMAN MD ROBERT
			37229	ZIMMERMAN MD ROBERT
		06/25/08	37226	ZIMMERMAN MD ROBERT
		07/02/08	37226	ZIMMERMAN MD ROBERT
		07/16/08	37226	ZIMMERMAN MD ROBERT
		08/27/08	39255	SUNDAR MD B
		09/24/08	40051	MISUREC MD PETER
		11/03/08	37226	ZIMMERMAN MD ROBERT
		12/03/08	41669	KUCERA MD JOSEPH
60305	12	02/11/08	3513	ZIMMERMAN MD ROBERT
		02/25/08	3513	ZIMMERMAN MD ROBERT
		03/10/08	3513	ZIMMERMAN MD ROBERT
		03/12/08	34640	LEYLAND II MD JOHN T
		03/31/08	34640	LEYLAND II MD JOHN T
		06/02/08	5070	LEYLAND II MD JOHN T
		09/15/08	9753	ZIMMERMAN MD ROBERT
		09/29/08	40139	ZIMMERMAN MD ROBERT
		10/15/08	40139	ZIMMERMAN MD ROBERT
		11/14/08	34640	LEYLAND II MD JOHN T
		11/17/08	41628	ZIMMERMAN MD ROBERT
		12/31/08	42602	LAI MD ROBERT S
		60402	58	01/02/08
01/09/08	32685			KUCERA MD JOSEPH
01/17/08	32584			LYON MD PAUL
02/18/08	33897			ZIMMERMAN MD ROBERT
02/26/08	33269			KIRSH MD EDWARD
	33964			KIRSH MD EDWARD
03/05/08	34398			MISUREC MD PETER
03/11/08	33964			KIRSH MD EDWARD
03/21/08	34398			MISUREC MD PETER
04/09/08	35203			KUCERA MD JOSEPH
04/19/08	18112			SADAH MD ALAN
04/23/08	34098			KUCERA MD JOSEPH

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60402...	58...	04/23/08...	35739	KUCERA MD JOSEPH
		04/29/08	35854	SUNDAR MD B
		05/05/08	31619	ZIMMERMAN MD ROBERT
		05/06/08	27550	KIRSH MD EDWARD
		05/14/08	35739	KUCERA MD JOSEPH
		05/16/08	36358	MISUREC MD PETER
		05/19/08	31619	ZIMMERMAN MD ROBERT
		05/20/08	36533	KIRSH MD EDWARD
		05/28/08	35203	KUCERA MD JOSEPH
		06/03/08	36797	KIRSH MD EDWARD
		06/09/08	36970	ZIMMERMAN MD ROBERT
		06/24/08	37282	KUCERA MD JOSEPH
		06/25/08	31619	ZIMMERMAN MD ROBERT
			37302	MISUREC MD PETER
		07/11/08	35203	KUCERA MD JOSEPH
		07/23/08	38222	MISUREC MD PETER
			38262	MISUREC MD PETER
			38320	ZIMMERMAN MD ROBERT
		07/29/08	38253	KIRSH MD EDWARD
			38444	KIRSH MD EDWARD
			38493	MISUREC MD PETER
		08/06/08	38320	ZIMMERMAN MD ROBERT
		08/07/08	38642	KUCERA MD JOSEPH
			38715	KUCERA MD JOSEPH
		08/12/08	38891	KIRSH MD EDWARD
		08/26/08	38253	KIRSH MD EDWARD
			38444	KIRSH MD EDWARD
			38857	KIRSH MD EDWARD
			38891	KIRSH MD EDWARD
		09/02/08	38642	KUCERA MD JOSEPH
		09/09/08	39684	KIRSH MD EDWARD
		09/16/08	39816	KUCERA MD JOSEPH
		09/23/08	1798	KIRSH MD EDWARD
			38857	KIRSH MD EDWARD
		09/26/08	39842	MISUREC MD PETER
		09/30/08	40071	MISUREC MD PETER
		10/29/08	41148	SUNDAR MD B

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60402...	58...	11/05/08	39816	KUCERA MD JOSEPH
		11/10/08	41165	ZIMMERMAN MD ROBERT
		11/18/08	39534	KIRSH MD EDWARD
			40453	KIRSH MD EDWARD
		11/25/08	41720	MISUREC MD PETER
		12/03/08	41720	MISUREC MD PETER
		12/16/08	42261	KIRSH MD EDWARD
			42311	KIRSH MD EDWARD
12/30/08	42311	KIRSH MD EDWARD		
60402-1237	1	10/15/08	40733	MISUREC MD PETER
60403	1	05/20/08	36440	SEO MD ROBERT M
60404	1	06/19/08	37363	JONES MD GEORGE
60406	3	05/20/08	35856	KIRSH MD EDWARD
		06/03/08	35856	KIRSH MD EDWARD
		12/03/08	41960	KIM MD JAE
60415	4	02/06/08	33246	USER MD HERBERT
		06/11/08	37117	KUCERA MD JOSEPH
		12/02/08	42110	KUCERA MD JOSEPH
		12/29/08	42110	KUCERA MD JOSEPH
60416	1	07/08/08	37838	AGHA MD ARIF
60417	3	05/15/08	35791	BOCKRATH MD JOHN
		07/10/08	35791	BOCKRATH MD JOHN
		08/06/08	38675	KRENGEL MD SAMUEL
60419	1	01/07/08	32534	ZIMMERMAN MD ROBERT
60421	1	05/05/08	1235	FAKOURI MD BEJAN
60423	3	04/18/08	35590	DEFRANCO MD JOHN
		05/27/08	36729	KIM MD JAE
		09/17/08	2109	DEFRANCO MD JOHN
60424	1	10/16/08	39834	AGHA MD ARIF
60431	6	01/03/08	32689	LYON MD PAUL
		07/28/08	37483	FAKOURI MD BEJAN
		08/01/08	38272	BOCKRATH MD JOHN
		09/12/08	39771	KUCERA MD JOSEPH
		12/11/08	42265	FAKOURI MD BEJAN
		12/19/08	42476	RASHID MD MICHAEL A
60432	1	12/20/08	42032	MISUREC MD PETER
60432-9719	2	02/25/08	1508	STEINBERG MD JAY



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60432-9719...	2...	04/03/08	1508	STEINBERG MD JAY
60435	2	03/18/08	3156	LENTING MD ERIC
		11/25/08	41907	SEO MD ROBERT M
60436	1	05/23/08	36544	JONES MD GEORGE
60439	24	01/11/08	5048	AGHA MD ARIF
		01/24/08	27325	CORNFIELD MD JOEL
		01/31/08	5020	CORNFIELD MD JOEL
		02/14/08	5020	CORNFIELD MD JOEL
		02/19/08	33843	WEST MD PAUL
		02/21/08	12513	KUCERA MD JOSEPH
		02/25/08	5020	CORNFIELD MD JOEL
		03/14/08	32644	SEO MD ROBERT M
		03/18/08	34521	MORAN MD GEORGE G
		04/15/08	1788	PASCIAK MD ROBERT
			12513	KUCERA MD JOSEPH
		04/29/08	21937	FAKOURI MD BEJAN
		05/01/08	35927	HWANG MD JAY
		05/15/08	1788	BOCKRATH MD JOHN
			5048	AGHA MD ARIF
		06/12/08	24447	HWANG MD JAY
		06/19/08	1788	BOCKRATH MD JOHN
		06/25/08	24447	HWANG MD JAY
		09/05/08	39580	BONAGURO MD RONALD
		09/10/08	39495	KRENGEL MD SAMUEL
		11/08/08	41387	MORAN MD MICHAEL
		11/21/08	32644	SEO MD ROBERT M
		12/09/08	41903	FAKOURI MD BEJAN
		12/19/08	24138	MORAN MD MICHAEL
60440	25	01/03/08	32714	DHINDSA MD AVTAR S
		02/12/08	33764	DHINDSA MD AVTAR S
		03/20/08	34866	AGHA MD ARIF
		03/26/08	34981	DHINDSA MD AVTAR S
		04/03/08	34638	BOCKRATH MD JOHN
		04/25/08	23419	PASCIAK MD ROBERT
		05/09/08	35839	SEO MD ROBERT M
		05/21/08	36559	MILANI DO MICHAEL
05/23/08	23419	PASCIAK MD ROBERT		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60440...	25...	05/28/08	13305	KRITSAS MD JOHN
		05/30/08	36739	PASCIAK MD ROBERT
		06/11/08	37113	SEO MD ROBERT M
		06/19/08	37200	FAKOURI MD BEJAN
		06/24/08	37174	MORAN MD GEORGE G
		08/21/08	38293	HWANG MD JAY
		09/10/08	39554	DHINDSA MD AVTAR S
		10/11/08	40313	SOSENKO MD GEORGE
		10/13/08	40119	UNG MD JEAN OU
		10/22/08	40482	SEO MD ROBERT M
			40826	LYON MD PAUL
		10/23/08	40828	AGHA MD ARIF
		10/25/08	40313	SOSENKO MD GEORGE
		11/17/08	40503	UNG MD JEAN OU
		12/15/08	40826	LYON MD PAUL
		12/22/08	25077	DHINDSA MD AVTAR S
60441	7	01/11/08	31800	DEFRANCO MD JOHN
		02/15/08	33795	KUCERA MD JOSEPH
		04/29/08	25722	LENTING MD ERIC
		08/08/08	35131	JONES MD GEORGE
		08/12/08	38906	CHALLENGER MD ROBER
		09/23/08	39527	FAKOURI MD BEJAN
		11/13/08	41504	KRENGEL MD SAMUEL
60443	1	03/28/08	35019	HWANG MD JAY
60445	4	01/17/08	33023	KUCERA MD JOSEPH
		05/27/08	20879	FAKOURI MD BEJAN
		07/28/08	38075	ZUMERCHIK MD DAVID
		12/19/08	42453	NOLD MD STEPHEN
60446	12	01/25/08	33082	RIOS MD EDGAR
		02/20/08	33870	DHINDSA MD AVTAR S
		02/25/08	33782	FAKOURI MD BEJAN
		07/17/08	37539	FAKOURI MD BEJAN
		07/25/08	38453	MISUREC MD PETER
		09/10/08	39553	DHINDSA MD AVTAR S
		09/11/08	39629	BOCKRATH MD JOHN
		10/09/08	40257	LYON MD PAUL
		11/10/08	41218	FAKOURI MD BEJAN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60446...	12...	11/14/08	40918	SEO MD ROBERT M
		12/09/08	42287	LENTING MD ERIC
		12/31/08	42771	SEO MD ROBERT M
60447	2	05/15/08	36437	AGHA MD ARIF
		07/03/08	36437	AGHA MD ARIF
60448	3	03/28/08	34913	KUCERA MD JOSEPH
		05/06/08	36080	BONAGURO MD RONALD
		07/14/08	37894	NOLD MD STEPHEN
60450	4	01/11/08	31326	AGHA MD ARIF
		01/25/08	32966	AGHA MD ARIF
		02/07/08	33644	AGHA MD ARIF
		02/27/08	33644	AGHA MD ARIF
60451	6	03/15/08	1471	KIM MD JAE
		05/21/08	36557	DEFRANCO MD JOHN
		05/28/08	36662	KAYHAN MD SHAHROKH
		06/02/08	36557	DEFRANCO MD JOHN
		09/12/08	38726	DEFRANCO MD JOHN
		10/03/08	38726	DEFRANCO MD JOHN
60452	4	04/12/08	35445	KIM MD JAE
		11/07/08	41131	WOHLBERG MD F
		11/19/08	41755	HWANG MD JAY
		12/30/08	41131	WOHLBERG MD F
60453	28	01/21/08	33173	DEFRANCO MD JOHN
		01/23/08	18593	BONAGURO MD RONALD
		01/31/08	33296	MORAN MD MICHAEL
		02/15/08	33665	DEFRANCO MD JOHN
		02/20/08	33760	USER MD HERBERT
		02/29/08	34046	DEFRANCO MD JOHN
		03/01/08	34076	MISUREC MD PETER
		03/22/08	34046	NOLD MD STEPHEN
		04/04/08	35069	HOYME MD KERMIT
		05/29/08	13927	DEFRANCO MD JOHN
		05/31/08	36032	KIM MD JAE
		06/03/08	36827	KIM MD JAE
		06/13/08	37137	BONAGURO MD RONALD
		06/17/08	36910	KIRSH MD EDWARD
07/08/08	37508	BONAGURO MD RONALD		

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60453...	28...	07/11/08	37849	DEFRANCO MD JOHN
		07/25/08	37849	DEFRANCO MD JOHN
			38223	DEFRANCO MD JOHN
			38337	DEFRANCO MD JOHN
		08/21/08	38966	STEINBERG MD JAY
			39146	MORAN MD MICHAEL
		09/05/08	39354	BONAGURO MD RONALD
		09/15/08	39707	KIM MD JAE
		10/08/08	39707	KIM MD JAE
		10/24/08	39483	KIM MD JAE
			40372	KIM MD JAE
		10/29/08	40252	KIM MD JAE
		11/25/08	40372	KIM MD JAE
60453-1519	1	03/19/08	34153	USER MD HERBERT
60453-4813	1	12/26/08	42645	USER MD HERBERT
60454	1	05/29/08	36843	MISUREC MD PETER
60455	20	01/07/08	32795	MISUREC MD PETER
		01/12/08	9027	MISUREC MD PETER
		01/30/08	33213	MILANI DO MICHAEL
		02/26/08	32123	KIRSH MD EDWARD
		04/08/08	32123	KIRSH MD EDWARD
		04/15/08	35316	MORAN MD GEORGE G
		05/03/08	32127	MISUREC MD PETER
		05/30/08	36746	LAND MD SPENCER A
		07/15/08	37997	KIRSH MD EDWARD
		08/29/08	39245	KUCERA MD JOSEPH
		09/02/08	13385	MISUREC MD PETER
		09/03/08	22738	KIM MD JAE
		09/09/08	39154	KIRSH MD EDWARD
		09/16/08	13385	MISUREC MD PETER
		09/23/08	39154	KIRSH MD EDWARD
		09/26/08	13385	MISUREC MD PETER
		10/15/08	13385	MISUREC MD PETER
10/28/08	13385	MISUREC MD PETER		
12/05/08	42163	KRENGEL MD SAMUEL		
12/30/08	42721	KIRSH MD EDWARD		
60456	2	09/02/08	39340	DEFRANCO MD JOHN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60456...	2...	10/03/08	38972	ZUMERCHIK MD DAVID
60456-1215	1	10/30/08	40352	NUZZARELLO MD JOSEPH
60457	6	05/06/08	36035	BONAGURO MD RONALD
		10/21/08	40817	KIRSH MD EDWARD
		11/18/08	40817	KIRSH MD EDWARD
		11/22/08	38749	PIERPAOLI MD STEVEN
		12/16/08	40817	KIRSH MD EDWARD
		12/26/08	42679	USER MD HERBERT
60458	8	01/14/08	18080	CORNFIELD MD JOEL
		01/24/08	33197	MORAN MD MICHAEL
		02/04/08	33560	TOMERA MD FRED
		02/14/08	33197	MORAN MD MICHAEL
		07/21/08	38243	LAND MD SPENCER A
		09/03/08	39376	HWANG MD JAY
		09/26/08	3644	MISUREC MD PETER
60459	15	11/11/08	41359	MISUREC MD PETER
		02/28/08	34133	HWANG MD JAY
		03/14/08	34133	HWANG MD JAY
			34730	ZUMERCHIK MD DAVID
		05/15/08	36441	KUCERA MD JOSEPH
		07/01/08	20077	KIRSH MD EDWARD
			37613	KIRSH MD EDWARD
		07/29/08	37085	KIRSH MD EDWARD
		10/07/08	14576	KIRSH MD EDWARD
		10/15/08	40218	USER MD HERBERT
		10/21/08	14576	KIRSH MD EDWARD
		11/04/08	14576	KIRSH MD EDWARD
		11/14/08	41461	DEFRANCO MD JOHN
		11/18/08	14576	KIRSH MD EDWARD
12/12/08	41653	HOYME MD KERMIT		
12/26/08	40218	USER MD HERBERT		
60462	11	08/12/08	37244	STEINBERG MD JAY
		08/27/08	39306	MANCINI DO ANTONIO
		09/05/08	39520	MISUREC MD PETER
		09/24/08	40020	DEFRANCO MD JOHN
		09/26/08	39520	MISUREC MD PETER
		09/30/08	40243	NOLD MD STEPHEN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60462...	11...	10/03/08	40114	KIM MD JAE
		11/04/08	41260	KIRSH MD EDWARD
		12/19/08	42446	DEFRANCO MD JOHN
		12/26/08	42569	HOYME MD KERMIT
		12/30/08	39520	MISUREC MD PETER
60463	2	03/05/08	34017	ZUMERCHIK MD DAVID
		04/29/08	35945	WOHLBERG MD F
60464	5	05/12/08	36357	PIERPAOLI MD STEVEN
		06/13/08	36958	HOYME MD KERMIT
		07/01/08	37638	MORAN MD GEORGE G
		11/05/08	40880	MILANI DO MICHAEL
		12/03/08	42066	MILANI DO MICHAEL
60465	9	02/29/08	34159	KUCERA MD JOSEPH
		03/19/08	34159	KUCERA MD JOSEPH
		04/23/08	34159	KUCERA MD JOSEPH
		06/06/08	36459	HOYME MD KERMIT
		08/21/08	38964	STEINBERG MD JAY
		09/04/08	39137	NUZZARELLO MD JOSEPH
		10/29/08	40403	KIM MD JAE
		11/05/08	41366	KIM MD JAE
60466	2	04/22/08	35580	KIRSH MD EDWARD
		05/06/08	35580	KIRSH MD EDWARD
60467	8	02/08/08	33489	DEFRANCO MD JOHN
		02/22/08	33489	DEFRANCO MD JOHN
		03/20/08	34757	DEFRANCO MD JOHN
		05/27/08	36449	PASCIAK MD ROBERT
		07/03/08	37762	LAND MD SPENCER A
		10/08/08	39639	KRENGEL MD SAMUEL
		11/05/08	36449	PASCIAK MD ROBERT
		11/25/08	41413	KIM MD JAE
60475	1	02/06/08	33235	USER MD HERBERT
60477	7	02/20/08	33792	USER MD HERBERT
		02/22/08	12256	DEFRANCO MD JOHN
		04/24/08	35794	STEINBERG MD JAY
		05/24/08	36443	KIM MD JAE
		07/02/08	37696	HOYME MD KERMIT

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60477...	7...	07/08/08	37741	BONAGURO MD RONALD
		10/11/08	27034	KIM MD JAE
60478	1	10/27/08	19612	ZIMMERMAN MD ROBERT
60480	6	02/07/08	33387	HWANG MD JAY
		04/03/08	34408	HWANG MD JAY
		05/13/08	36203	RIOS MD EDGAR
		06/21/08	36714	KIM MD JAE
		08/19/08	39054	KUCERA MD JOSEPH
		10/13/08	40486	KRENGEL MD SAMUEL
		60481	2	06/06/08
		08/22/08	36930	LENTING MD ERIC
60482	3	08/14/08	10863	KUCERA MD JOSEPH
		09/11/08	10863	KUCERA MD JOSEPH
		11/14/08	41416	DEFRANCO MD JOHN
60487	4	02/09/08	33688	KIM MD JAE
		03/08/08	33688	KIM MD JAE
		03/14/08	33647	HOYME MD KERMIT
		11/19/08	41646	DEFRANCO MD JOHN
60490	10	01/07/08	32334	ZIMMERMAN MD ROBERT
		01/14/08	32334	ZIMMERMAN MD ROBERT
		02/20/08	33868	DHINDSA MD AVTAR S
		03/12/08	33868	DHINDSA MD AVTAR S
		04/02/08	33868	DHINDSA MD AVTAR S
		04/09/08	35302	OH MD JOSEPH
		04/23/08	35672	DHINDSA MD AVTAR S
		05/28/08	26385	SMITH MD CRAIG
		09/19/08	39486	SMITH MD CRAIG
		12/02/08	41797	PASCIAK MD ROBERT
60491	10	01/14/08	32903	KINZLER MD GORDON
		02/02/08	29236	MISUREC MD PETER
		02/09/08	29236	MISUREC MD PETER
		02/14/08	32903	KINZLER MD GORDON
		05/06/08	36016	FAKOURI MD BEJAN
		07/19/08	38120	KIM MD JAE
		08/07/08	38752	MORAN MD MICHAEL
		08/21/08	38752	MORAN MD MICHAEL
		10/14/08	40408	KRITSAS MD JOHN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60491...	10...	12/12/08	41799	HOYME MD KERMIT
60501	9	01/09/08	32606	KUCERA MD JOSEPH
		01/17/08	32606	KUCERA MD JOSEPH
			33112	MORAN MD MICHAEL
		02/15/08	14814	KUCERA MD JOSEPH
		02/22/08	14814	KUCERA MD JOSEPH
		04/08/08	35006	KIRSH MD EDWARD
		08/15/08	38914	KUCERA MD JOSEPH
		09/11/08	38914	KUCERA MD JOSEPH
		12/15/08	42235	KUCERA MD JOSEPH
60501-1803	1	01/29/08	5895	KIRSH MD EDWARD
60502	10	02/23/08	34108	SMITH MD CRAIG
		04/30/08	35294	SEO MD ROBERT M
		06/10/08	37111	LENTING MD ERIC
		06/20/08	37111	PLANTE MD JOHN
		07/14/08	37163	LISEK MD ERNST
		08/11/08	38441	CORNFIELD MD JOEL
		08/18/08	38441	CORNFIELD MD JOEL
		08/22/08	37596	LENTING MD ERIC
		10/09/08	40425	PLANTE MD JOHN
11/25/08	13815	STEINBERG MD ABRAHAM		
60502-8789	1	10/29/08	41057	OH MD JOSEPH
60503	6	06/12/08	37109	CORNFIELD MD JOEL
		06/30/08	37109	CORNFIELD MD JOEL
		07/21/08	37109	CORNFIELD MD JOEL
		11/19/08	41376	BOCKRATH MD JOHN
		12/06/08	41271	SMITH MD CRAIG
		12/19/08	41376	BOCKRATH MD JOHN
60504	22	01/25/08	33151	AGHA MD ARIF
		01/29/08	33114	LENTING MD ERIC
		01/30/08	33361	STEINBERG MD ABRAHAM
		03/12/08	34589	OH MD JOSEPH
		03/21/08	34886	SMITH MD CRAIG
		05/14/08	35461	LISEK MD ERNST
		05/22/08	22405	LENTING MD ERIC
			36481	LENTING MD ERIC
06/10/08	4183	FAKOURI MD BEJAN		



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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60504...	22...	07/02/08	37634	STEINBERG MD ABRAHAM
		07/22/08	37917	FAKOURI MD BEJAN
		07/29/08	4183	FAKOURI MD BEJAN
		08/15/08	19528	RASHID MD MICHAEL A
		08/21/08	38838	PLANTE MD JOHN
		09/10/08	39690	SEO MD ROBERT M
		10/06/08	40299	UNG MD JEAN OU
		10/17/08	22405	LENTING MD ERIC
		11/06/08	37634	STEINBERG MD ABRAHAM
		11/14/08	41505	RASHID MD MICHAEL A
		12/05/08	41869	LENTING MD ERIC
		12/18/08	42081	FAKOURI MD BEJAN
		12/23/08	42678	LENTING MD ERIC
60504-5088	1	12/19/08	42493	RASHID MD MICHAEL A
60505	17	02/01/08	20994	SOBEL MD DAVID L
		03/06/08	34358	SEO MD ROBERT M
		03/18/08	34602	STEINBERG MD ABRAHAM
		03/20/08	31925	HWANG MD JAY
		04/10/08	35180	SMITH MD CORNELIUS
		04/15/08	26504	CHRISTENSEN MD JOHN
		05/08/08	16304	MERRICK MD PAUL
		05/09/08	36001	SOBEL MD DAVID L
		06/05/08	34602	STEINBERG MD ABRAHAM
		07/03/08	7627	CORNFIELD MD JOEL
		07/15/08	26504	CHRISTENSEN MD JOHN
		07/18/08	37595	LENTING MD ERIC
		08/15/08	20994	SOBEL MD DAVID L
		09/25/08	40109	STEINBERG MD ABRAHAM
		10/10/08	5348	SOBEL MD DAVID L
		10/23/08	40873	STEINBERG MD ABRAHAM
		11/18/08	8136	STEINBERG MD ABRAHAM
60506	17	03/18/08	34786	LENTING MD ERIC
		04/15/08	35514	STEINBERG MD ABRAHAM
		05/22/08	36078	LENTING MD ERIC
		05/27/08	36549	SMITH MD CORNELIUS
			36550	SMITH MD CORNELIUS
	05/30/08	29846	PLANTE MD JOHN	

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60506...	17...	07/18/08	36078	LENTING MD ERIC
		08/05/08	38540	SOBEL MD DAVID L
		08/15/08	38990	PLANTE MD JOHN
			39105	RASHID MD MICHAEL A
		09/05/08	39461	SMITH MD CORNELIUS
		09/18/08	39481	PLANTE MD JOHN
		10/01/08	40265	LENTING MD ERIC
		11/07/08	40840	LENTING MD ERIC
		11/21/08	41714	CHRISTENSEN MD JOHN
		12/05/08	41641	LENTING MD ERIC
		12/23/08	41714	LENTING MD ERIC
60506-8978	1	03/04/08	12237	FAKOURI MD BEJAN
60507	1	08/28/08	39210	STEINBERG MD ABRAHAM
60507-8566	2	07/02/08	37709	STEINBERG MD ABRAHAM
		08/14/08	37709	STEINBERG MD ABRAHAM
60510	15	01/04/08	32599	RASHID MD MICHAEL A
		02/04/08	33285	SMITH MD CORNELIUS
		02/15/08	33106	SEO MD ROBERT M
		03/03/08	34148	STEINBERG MD ABRAHAM
		03/04/08	34247	LENTING MD ERIC
			34353	LENTING MD ERIC
		03/20/08	34657	PLANTE MD JOHN
		03/27/08	34689	PLANTE MD JOHN
		04/11/08	35234	RASHID MD MICHAEL A
		05/27/08	36618	SMITH MD CORNELIUS
		08/22/08	38968	LENTING MD ERIC
		10/22/08	40779	RASHID MD MICHAEL A
		11/07/08	39295	LENTING MD ERIC
		12/05/08	41753	LENTING MD ERIC
		12/12/08	31492	LENTING MD ERIC
60511	2	01/29/08	33333	LENTING MD ERIC
		09/08/08	2230	SMITH MD CORNELIUS
60512	1	11/14/08	41244	RASHID MD MICHAEL A
60513	18	01/04/08	31735	MILANI DO MICHAEL
		02/12/08	19231	FAKOURI MD BEJAN
		05/20/08	36453	KIRSH MD EDWARD
		06/02/08	36664	FAKOURI MD BEJAN

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60513...	18...	08/12/08	10677	MORAN MD MICHAEL
		08/19/08	37204	KRITSAS MD JOHN
		08/27/08	37549	KUCERA MD JOSEPH
		07/28/08	38145	KRENGEL MD SAMUEL
		08/20/08	38171	KRITSAS MD JOHN
		09/16/08	39854	MORAN MD GEORGE G
		09/27/08	40159	MORAN MD MICHAEL
		10/16/08	40798	SEO MD ROBERT M
		10/22/08	37581	HWANG MD JAY
		10/30/08	39345	CORNFIELD MD JOEL
		11/26/08	41927	MILANI DO MICHAEL
		12/22/08	42248	WEST MD PAUL
		12/23/08	10570	MORAN MD MICHAEL
		12/30/08	42692	KIRSH MD EDWARD
60514	7	04/23/08	34739	AGHA MD ARIF
		05/15/08	35248	HWANG MD JAY
		07/10/08	37851	MORAN MD MICHAEL
		07/17/08	37529	HWANG MD JAY
		11/03/08	40571	CORNFIELD MD JOEL
		11/04/08	40703	KRITSAS MD JOHN
		12/19/08	42364	BOCKRATH MD JOHN
60515	21	01/02/08	32597	WEST MD PAUL
		03/04/08	3223	SMITH MD CRAIG
		03/12/08	34362	KRENGEL MD SAMUEL
		04/19/08	35225	SADAH MD ALAN
		04/29/08	35940	FAKOURI MD BEJAN
				KOPNICK MD MITCHELL
		05/08/08	35998	BOCKRATH MD JOHN
		05/13/08	36387	FAKOURI MD BEJAN
		06/06/08	36371	SEO MD ROBERT M
				36722
		06/24/08	37399	FAKOURI MD BEJAN
		07/05/08	37585	SOSENKO MD GEORGE
		08/07/08	38462	LYON MD PAUL
		08/11/08	1102	FAKOURI MD BEJAN
08/13/08	38462	LYON MD PAUL		
09/05/08	38389	SMITH MD CRAIG		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60515...	21...	09/24/08	39581	MERRICK MD PAUL
		10/03/08	38389	SMITH MD CRAIG
		10/15/08	39750	WEST MD PAUL
		10/17/08	3223	SMITH MD CRAIG
		10/29/08	41036	WEST MD PAUL
		12/11/08	41636	LYON MD PAUL
60515-3024	1	05/12/08	36370	SOSENKO MD GEORGE
60516	17	01/11/08	32648	WEST MD PAUL
		03/12/08	34448	HWANG MD JAY
		03/21/08	20698	SMITH MD CRAIG
		05/01/08	35951	FAKOURI MD BEJAN
		05/13/08	36366	FAKOURI MD BEJAN
		05/28/08	36734	KUCERA MD JOSEPH
		05/30/08	19524	PASCIAK MD ROBERT
		05/31/08	35807	LISEK MD ERNST
		06/04/08	36485	LYON MD PAUL
		06/17/08	37192	KOLBUSZ MD WILLIAM
		07/14/08	37562	MILANI DO MICHAEL
		07/17/08	6810	CORNFIELD MD JOEL
		09/05/08	8285	SMITH MD CRAIG
			19524	PASCIAK MD ROBERT
		09/09/08	8296	SEO MD ROBERT M
		09/23/08	39431	FAKOURI MD BEJAN
		10/17/08	40623	SMITH MD CRAIG
60516-4513	1	02/14/08	33844	MORAN MD MICHAEL
60517	22	01/09/08	32157	CHALLENGER MD ROBER
		01/16/08	32991	KRENGEL MD SAMUEL
		01/25/08	32299	SMITH MD CRAIG
		02/06/08	33239	TROCKMAN MD BRETT
		02/21/08	32299	SMITH MD CRAIG
		03/18/08	34763	FAKOURI MD BEJAN
		03/21/08	32299	SMITH MD CRAIG
			33963	SMITH MD CRAIG
		04/16/08	35111	CHALLENGER MD ROBER
		04/17/08	31658	MERRICK MD PAUL
		04/18/08	32299	SMITH MD CRAIG
		05/03/08	35845	SOSENKO MD GEORGE

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60517...	22...	07/03/08	36936	MERRICK MD PAUL
			37571	HWANG MD JAY
		07/10/08	37699	BOCKRATH MD JOHN
		07/21/08	37371	BADWAN MD KHALID H
		07/24/08	38124	CORNFIELD MD JOEL
		08/14/08	38124	CORNFIELD MD JOEL
		08/26/08	39148	FAKOURI MD BEJAN
		09/12/08	39722	KRITSAS MD JOHN
		10/16/08	40620	DHINDSA MD AVTAR S
		11/14/08	40620	DHINDSA MD AVTAR S
60519	1	06/03/08	30323	CHRISTENSEN MD JOHN
60520	4	01/17/08	32995	SMITH MD CORNELIUS
		02/12/08	33750	LENTING MD ERIC
		03/27/08	33750	PLANTE MD JOHN
		05/01/08	32995	SMITH MD CORNELIUS
60521	23	01/10/08	32833	MORAN MD MICHAEL
		01/25/08	1928	RASHID MD MICHAEL A
		02/01/08	1928	RASHID MD MICHAEL A
		04/15/08	35355	MORAN MD GEORGE G
		05/20/08	1928	CHRISTENSEN MD JOHN
		06/17/08	1928	CHRISTENSEN MD JOHN
		07/11/08	1928	RASHID MD MICHAEL A
		07/16/08	37889	HWANG MD JAY
		08/22/08	1928	RASHID MD MICHAEL A
		08/27/08	37889	HWANG MD JAY
		09/10/08	39725	KUCERA MD JOSEPH
		09/19/08	39996	SMITH MD CRAIG
		09/23/08	39829	KRITSAS MD JOHN
		10/07/08	39456	KRITSAS MD JOHN
		10/09/08	38461	MERRICK MD PAUL
		10/10/08	40070	PASCIAK MD ROBERT
		11/04/08	41223	KRITSAS MD JOHN
		11/12/08	41460	SEO MD ROBERT M
		12/04/08	38461	MERRICK MD PAUL
		12/09/08	41223	KRITSAS MD JOHN
	42083	KRITSAS MD JOHN		
12/20/08	1928	SMITH MD CRAIG		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60521...	23...	12/23/08	42577	KRITSAS MD JOHN
60523	10	01/16/08	32910	KHANDEPARKER MD V
		03/17/08	5545	ZIMMERMAN MD ROBERT
		06/16/08	37283	FAKOURI MD BEJAN
		07/24/08	38421	CORNFIELD MD JOEL
		08/28/08	38460	MERRICK MD PAUL
		09/26/08	40030	PASCIAK MD ROBERT
		09/29/08	39751	CORNFIELD MD JOEL
		10/10/08	39714	CINEL MD SCOTT
		10/15/08	16517	KRITSAS MD JOHN
		10/27/08	39751	CORNFIELD MD JOEL
60525	32	01/08/08	28778	MISUREC MD PETER
		02/14/08	33610	MORAN MD MICHAEL
		03/21/08	34823	MORAN MD MICHAEL
		04/09/08	35125	MORAN MD GEORGE G
		04/22/08	35322	KIRSH MD EDWARD
		05/06/08	35322	KIRSH MD EDWARD
		05/16/08	36455	MORAN MD GEORGE G
		05/20/08	35322	KIRSH MD EDWARD
			36172	FAKOURI MD BEJAN
		05/22/08	33120	HWANG MD JAY
		05/29/08	15987	CORNFIELD MD JOEL
		06/05/08	15987	CORNFIELD MD JOEL
		06/11/08	37081	MORAN MD MICHAEL
		06/19/08	15987	CORNFIELD MD JOEL
			36913	FAKOURI MD BEJAN
		06/27/08	37471	KUCERA MD JOSEPH
		07/21/08	38144	CORNFIELD MD JOEL
		07/22/08	38307	MORAN MD GEORGE G
		07/29/08	37978	KIRSH MD EDWARD
		08/08/08	38716	MORAN MD MICHAEL
		08/15/08	37471	KUCERA MD JOSEPH
		09/09/08	39570	KRITSAS MD JOHN
		09/11/08	39745	HWANG MD JAY
09/16/08	28167	MISUREC MD PETER		
10/01/08	37081	KRENGEL MD SAMUEL		
10/02/08	39844	CORNFIELD MD JOEL		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60525...	32...	10/06/08	40312	MORAN MD GEORGE G
		10/10/08	39844	CORNFIELD MD JOEL
		11/19/08	41634	HWANG MD JAY
		12/03/08	41425	KRENGEL MD SAMUEL
		12/05/08	41270	FAKOURI MD BEJAN
		12/23/08	41270	FAKOURI MD BEJAN
60526	11	01/24/08	23264	MERRICK MD PAUL
		02/11/08	33332	FAKOURI MD BEJAN
		02/20/08	26299	MISUREC MD PETER
		03/04/08	33332	FAKOURI MD BEJAN
		04/08/08	35292	MORAN MD GEORGE G
		04/21/08	35453	FAKOURI MD BEJAN
		05/14/08	13137	KUCERA MD JOSEPH
		06/13/08	37184	MISUREC MD PETER
		06/17/08	37182	KIRSH MD EDWARD
		06/24/08	37299	KRITSAS MD JOHN
60527	22	12/31/08	42744	SEO MD ROBERT M
		01/21/08	32273	FAKOURI MD BEJAN
		01/23/08	33089	MILANI DO MICHAEL
		03/26/08	2256	MILANI DO MICHAEL
		04/23/08	35749	KRENGEL MD SAMUEL
		04/24/08	2252	KRITSAS MD JOHN
		05/14/08	35749	KRENGEL MD SAMUEL
		05/27/08	36721	KRITSAS MD JOHN
		06/06/08	36821	HWANG MD JAY
		06/19/08	37227	FAKOURI MD BEJAN
		06/20/08	37402	KRITSAS MD JOHN
		06/26/08	37431	MERRICK MD PAUL
		06/27/08	37635	SMITH MD CRAIG
		07/30/08	38500	WEST MD PAUL
		08/13/08	38674	SEO MD ROBERT M
		08/14/08	38872	MORAN MD MICHAEL
08/19/08	38832	MORAN MD GEORGE G		
09/02/08	39278	FAKOURI MD BEJAN		
10/07/08	40217	FAKOURI MD BEJAN		
10/15/08	40259	MILANI DO MICHAEL		
11/05/08	38500	WEST MD PAUL		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60527...	22...	12/04/08	41640	KRITSAS MD JOHN
		12/18/08	40651	SMITH MD CORNELIUS
60527-2562	1	07/01/08	37677	KIRSH MD EDWARD
60527-6110	2	10/29/08	29940	OH MD JOSEPH
		11/11/08	29940	OH MD JOSEPH
60528	1	03/14/08	34350	CINEL MD SCOTT
60532	20	01/23/08	33081	NUZZARELLO MD JOSEPH
		03/12/08	34375	KRENGEL MD SAMUEL
		03/14/08	14241	SEO MD ROBERT M
		04/24/08	34904	KRENGEL MD SAMUEL
		05/14/08	14241	SEO MD ROBERT M
		06/06/08	36809	UNG MD JEAN OU
		06/10/08	36949	FAKOURI MD BEJAN
		06/11/08	37080	SOSENKO MD GEORGE
		06/13/08	31633	PASCIAK MD ROBERT
		06/17/08	37061	SEO MD ROBERT M
		06/18/08	6686	KRENGEL MD SAMUEL
		07/22/08	2208	FAKOURI MD BEJAN
		07/29/08	36949	FAKOURI MD BEJAN
		08/29/08	39284	HWANG MD JAY
		09/04/08	38634	NUZZARELLO MD JOSEPH
		09/26/08	39997	PASCIAK MD ROBERT
		10/14/08	40581	PASCIAK MD ROBERT
11/13/08	41595	FAKOURI MD BEJAN		
11/24/08	40581	PASCIAK MD ROBERT		
12/09/08	42281	SEO MD ROBERT M		
60534	17	01/29/08	33111	KIRSH MD EDWARD
		02/04/08	33282	ZIMMERMAN MD ROBERT
		02/11/08	33282	ZIMMERMAN MD ROBERT
		02/26/08	33111	KIRSH MD EDWARD
		02/29/08	33241	HWANG MD JAY
		03/05/08	33241	HWANG MD JAY
		03/07/08	9128	MISUREC MD PETER
		04/03/08	2568	KUCERA MD JOSEPH
		05/09/08	2568	KUCERA MD JOSEPH
06/27/08	2568	KUCERA MD JOSEPH		
07/29/08	38236	KIRSH MD EDWARD		



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60534...	17...	08/26/08	38236	KIRSH MD EDWARD
		09/23/08	2568	KIRSH MD EDWARD
			38236	KIRSH MD EDWARD
		10/07/08	38236	KIRSH MD EDWARD
		10/31/08	1776	LAND MD SPENCER A
		11/04/08	2568	KIRSH MD EDWARD
60537	1	12/22/08	42526	PASCIAK MD ROBERT
60538	14	01/25/08	13466	SMITH MD CRAIG
		03/07/08	34278	PLANTE MD JOHN
		03/12/08	33845	SEO MD ROBERT M
		04/29/08	1970	LENTING MD ERIC
		05/01/08	35912	STEINBERG MD ABRAHAM
		05/02/08	13466	SMITH MD CRAIG
		06/06/08	36969	LENTING MD ERIC
		07/02/08	37772	CHRISTENSEN MD JOHN
		09/03/08	39441	STEINBERG MD ABRAHAM
		09/05/08	13466	SMITH MD CRAIG
		09/17/08	39792	STEINBERG MD ABRAHAM
		10/10/08	39984	SOBEL MD DAVID L
		10/31/08	41191	RASHID MD MICHAEL A
		11/06/08	41041	STEINBERG MD ABRAHAM
60538-2201	1	05/10/08	36294	SMITH MD CRAIG
60540	26	01/11/08	32959	SEO MD ROBERT M
		01/15/08	33007	FAKOURI MD BEJAN
		02/19/08	33156	UNG MD JEAN OU
		03/14/08	33923	SEO MD ROBERT M
		04/04/08	33923	SEO MD ROBERT M
		05/05/08	35841	TALLURI MD S
		05/09/08	29626	SEO MD ROBERT M
		05/12/08	36117	UNG MD JEAN OU
		06/04/08	35841	TALLURI MD S
		06/11/08	37099	SEO MD ROBERT M
		06/24/08	37099	FAKOURI MD BEJAN
		06/27/08	17576	SMITH MD CRAIG
		07/23/08	37900	TROCKMAN MD BRETT
		08/16/08	39025	SMITH MD CRAIG
		08/27/08	39163	MERRICK MD PAUL

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60540...	26...	09/19/08	17576	SMITH MD CRAIG
			17583	SMITH MD CRAIG
		11/10/08	41278	FAKOURI MD BEJAN
		11/12/08	41332	SEO MD ROBERT M
		12/02/08	41278	FAKOURI MD BEJAN
		12/05/08	42121	KRENGEL MD SAMUEL
		12/17/08	42128	SEO MD ROBERT M
			42420	SEO MD ROBERT M
		12/19/08	42374	BOCKRATH MD JOHN
		12/30/08	41278	FAKOURI MD BEJAN
			41283	BOCKRATH MD JOHN
60541	2	01/11/08	7200	AGHA MD ARIF
		05/24/08	36516	NUZZARELLO MD JOSEPH
60542	5	01/10/08	30223	UNG MD JEAN OU
		08/01/08	38076	PLANTE MD JOHN
		10/03/08	40013	RASHID MD MICHAEL A
		11/21/08	41651	CHRISTENSEN MD JOHN
		12/18/08	41854	SMITH MD CORNELIUS
60543	25	01/04/08	5806	RASHID MD MICHAEL A
		02/04/08	33532	SMITH MD CORNELIUS
		02/12/08	33615	SEO MD ROBERT M
		03/07/08	33817	SEO MD ROBERT M
		03/14/08	33817	SEO MD ROBERT M
		03/18/08	34597	STEINBERG MD ABRAHAM
		03/27/08	34914	HWANG MD JAY
		04/08/08	35291	BOCKRATH MD JOHN
		04/09/08	33817	SEO MD ROBERT M
		04/15/08	35097	CHRISTENSEN MD JOHN
		04/30/08	35291	BOCKRATH MD JOHN
		06/05/08	34597	STEINBERG MD ABRAHAM
		06/17/08	25686	RASHID MD MICHAEL A
		06/30/08	37664	SMITH MD CORNELIUS
		07/11/08	25686	RASHID MD MICHAEL A
		08/05/08	38537	STEINBERG MD ABRAHAM
		08/13/08	38961	SOBEL MD DAVID L
09/08/08	39475	FAKOURI MD BEJAN		
09/11/08	5667	RASHID MD MICHAEL A		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60543...	25...	09/23/08	39981	FAKOURI MD BEJAN
		10/01/08	5667	RASHID MD MICHAEL A
		10/22/08	40683	LYON MD PAUL
		11/17/08	40683	LYON MD PAUL
		11/21/08	41716	CHRISTENSEN MD JOHN
		12/18/08	42443	SMITH MD CORNELIUS
60544	15	01/21/08	32963	LYON MD PAUL
		04/18/08	15947	SMITH MD CRAIG
		07/21/08	38188	CORNFIELD MD JOEL
		09/19/08	39983	SMITH MD CRAIG
		10/03/08	39983	SMITH MD CRAIG
		10/16/08	40800	PASCIAK MD ROBERT
		10/31/08	8256	SMITH MD CRAIG
			41105	SMITH MD CRAIG
		11/06/08	41386	MORAN MD MICHAEL
		11/24/08	41807	KRENGEL MD SAMUEL
		11/25/08	34171	UNG MD JEAN OU
		11/28/08	12443	SEO MD ROBERT M
			41105	SMITH MD CRAIG
		12/04/08	41386	MORAN MD MICHAEL
12/15/08	38188	CORNFIELD MD JOEL		
60545	5	03/07/08	34173	PLANTE MD JOHN
		06/27/08	37617	RASHID MD MICHAEL A
		10/31/08	40799	RASHID MD MICHAEL A
		11/21/08	40799	CHRISTENSEN MD JOHN
		11/26/08	41793	KUCERA MD JOSEPH
60545-2073	1	12/04/08	41773	BOCKRATH MD JOHN
60545-2174	1	04/16/08	35597	CHALLENGER MD ROBER
60546	11	01/22/08	30406	MISUREC MD PETER
		01/29/08	12316	KIRSH MD EDWARD
		02/26/08	33728	KIRSH MD EDWARD
		03/19/08	34636	KUCERA MD JOSEPH
		07/08/08	37794	KUCERA MD JOSEPH
		09/09/08	39321	KIRSH MD EDWARD
		10/02/08	39697	KRENGEL MD SAMUEL
		10/08/08	40211	KUCERA MD JOSEPH
		11/12/08	40211	KUCERA MD JOSEPH

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60546...	11...	12/19/08	37794	KUCERA MD JOSEPH
		12/30/08	33728	KIRSH MD EDWARD
60548	3	08/21/08	39132	STEINBERG MD ABRAHAM
		10/06/08	39132	STEINBERG MD ABRAHAM
		11/17/08	41671	SOBEL MD DAVID L
60550	2	08/22/08	38915	BURSTEIN MD JAY D
		09/26/08	38915	BURSTEIN MD JAY D
60551	1	03/28/08	34915	LENTING MD ERIC
60554	4	03/27/08	35008	PLANTE MD JOHN
		06/04/08	36857	RASHID MD MICHAEL A
		06/25/08	24728	CHALLENGER MD ROBER
		08/28/08	39129	STEINBERG MD ABRAHAM
60555	7	01/15/08	32253	CHRISTENSEN MD JOHN
		04/16/08	35321	CHALLENGER MD ROBER
		05/27/08	36690	OH MD JOSEPH
		06/03/08	32253	CHRISTENSEN MD JOHN
		09/11/08	19395	LENTING MD ERIC
		09/13/08	39713	MERRICK MD PAUL
		11/14/08	41103	BADWAN MD KHALID H
60556	2	02/05/08	32005	BUX MD SAJIT
		04/04/08	34577	BURSTEIN MD JAY D
60558	13	01/14/08	31366	MILANI DO MICHAEL
		01/24/08	32630	CORNFIELD MD JOEL
		01/31/08	33468	CORNFIELD MD JOEL
		02/14/08	33468	CORNFIELD MD JOEL
		06/26/08	6940	CORNFIELD MD JOEL
		07/10/08	6940	CORNFIELD MD JOEL
		07/11/08	38009	MORAN MD GEORGE G
		07/17/08	6940	CORNFIELD MD JOEL
			37987	PASCIAK MD ROBERT
		08/14/08	38985	HWANG MD JAY
		11/07/08	37987	PASCIAK MD ROBERT
		12/10/08	11647	HWANG MD JAY
		12/31/08	31786	MORAN MD GEORGE G
60559	18	01/03/08	32728	MERRICK MD PAUL
		02/01/08	33523	MORAN MD MICHAEL
		02/20/08	33605	HWANG MD JAY

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60559...	18...	04/03/08	35262	MISUREC MD PETER
		04/23/08	35262	MISUREC MD PETER
		05/06/08	36051	FAKOURI MD BEJAN
		05/19/08	36527	FAKOURI MD BEJAN
		05/27/08	32140	KRITSAS MD JOHN
		05/29/08	36051	FAKOURI MD BEJAN
		06/27/08	35262	MISUREC MD PETER
		07/02/08	37609	MILANI DO MICHAEL
		07/18/08	7295	CINEL MD SCOTT
		08/25/08	38392	CORNFIELD MD JOEL
		08/29/08	37839	CINEL MD SCOTT
		10/02/08	39946	HWANG MD JAY
		10/14/08	40643	CHALLENGER MD ROBER
12/11/08	41648	HWANG MD JAY		
12/23/08	42076	FAKOURI MD BEJAN		
60560	8	02/04/08	33547	SMITH MD CORNELIUS
		04/14/08	35405	SMITH MD CORNELIUS
		08/04/08	38125	LENTING MD ERIC
		08/18/08	19066	SMITH MD CORNELIUS
		09/08/08	10692	SMITH MD CORNELIUS
		10/17/08	40673	SMITH MD CRAIG
		10/31/08	41101	SMITH MD CORNELIUS
11/20/08	41804	PLANTE MD JOHN		
60560-3087	1	06/17/08	25767	CHRISTENSEN MD JOHN
60561	23	01/09/08	32842	LEYLAND II MD JOHN T
		01/17/08	32805	CORNFIELD MD JOEL
		04/18/08	35054	SMITH MD CRAIG
		04/24/08	35012	HWANG MD JAY
		05/08/08	35806	BOCKRATH MD JOHN
		05/29/08	36036	HWANG MD JAY
		05/30/08	35054	SMITH MD CRAIG
			36767	SMITH MD CRAIG
		06/25/08	37211	KRENGEL MD SAMUEL
		06/26/08	36997	CORNFIELD MD JOEL
		07/03/08	36997	CORNFIELD MD JOEL
07/17/08	36997	CORNFIELD MD JOEL		
08/14/08	38963	KUCERA MD JOSEPH		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60561...	23...	08/19/08	38725	UNG MD JEAN OU
		08/20/08	23169	CINEL MD SCOTT
		08/21/08	39128	LYON MD PAUL
		09/25/08	38963	KUCERA MD JOSEPH
		10/01/08	39576	OH MD JOSEPH
		10/13/08	40559	CORNFIELD MD JOEL
		10/30/08	40174	LYON MD PAUL
			41004	LYON MD PAUL
		11/19/08	41004	SEO MD ROBERT M
		12/17/08	42080	KRITSAS MD JOHN
60563	28	01/10/08	28407	UNG MD JEAN OU
		02/06/08	29798	TROCKMAN MD BRETT
		02/26/08	33788	SEO MD ROBERT M
		03/19/08	34641	PASCIAK MD ROBERT
		04/11/08	35255	SEO MD ROBERT M
		04/15/08	35091	CHRISTENSEN MD JOHN
		04/30/08	35750	BOCKRATH MD JOHN
		05/23/08	35255	SEO MD ROBERT M
		06/19/08	36575	MERRICK MD PAUL
		07/03/08	34641	PASCIAK MD ROBERT
		07/31/08	38501	LISEK MD ERNST
		08/06/08	38387	SEO MD ROBERT M
		08/26/08	38982	FAKOURI MD BEJAN
		08/29/08	39158	PASCIAK MD ROBERT
		09/10/08	39696	SEO MD ROBERT M
		09/16/08	39180	BOCKRATH MD JOHN
		10/02/08	10270	TROCKMAN MD BRETT
			39180	BOCKRATH MD JOHN
		10/10/08	40484	PASCIAK MD ROBERT
			40341	LYON MD PAUL
		11/03/08	41113	ZIMMERMAN MD ROBERT
		11/11/08	39158	BOCKRATH MD JOHN
		11/17/08	41113	ZIMMERMAN MD ROBERT
		12/08/08	41113	ZIMMERMAN MD ROBERT
12/09/08	42224	SEO MD ROBERT M		
12/12/08	42258	BADWAN MD KHALID H		
12/22/08	28407	UNG MD JEAN OU		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60563...	28...	12/30/08	40341	BOCKRATH MD JOHN
60564	23	01/21/08	32818	UNG MD JEAN OU
		02/14/08	32973	LISEK MD ERNST
		03/18/08	34762	FAKOURI MD BEJAN
		04/22/08	35662	FAKOURI MD BEJAN
		05/07/08	14135	DHINDSA MD AVTAR S
		05/14/08	36061	SEO MD ROBERT M
		05/27/08	36419	FAKOURI MD BEJAN
		06/13/08	36885	PASCIAK MD ROBERT
		07/03/08	37039	MERRICK MD PAUL
		07/15/08	38078	SMITH MD CRAIG
		07/16/08	37740	SEO MD ROBERT M
		07/24/08	38313	MERRICK MD PAUL
		08/06/08	38636	CHALLENGER MD ROBERT
		08/13/08	37740	SEO MD ROBERT M
		08/22/08	32645	SMITH MD CRAIG
		09/02/08	39192	FAKOURI MD BEJAN
		10/14/08	37740	SEO MD ROBERT M
		10/17/08	40364	SMITH MD CRAIG
		10/21/08	40558	KIRSH MD EDWARD
		10/31/08	41053	SMITH MD CORNELIUS
11/10/08	41070	LYON MD PAUL		
12/05/08	14135	DHINDSA MD AVTAR S		
	42005	FAKOURI MD BEJAN		
60565	35	01/21/08	33215	LYON MD PAUL
		01/28/08	32453	PASCIAK MD ROBERT
			33131	UNG MD JEAN OU
		01/29/08	33393	FAKOURI MD BEJAN
		02/08/08	33449	SMITH MD CRAIG
		02/12/08	33716	FAKOURI MD BEJAN
		02/20/08	33957	CHALLENGER MD ROBERT
		02/25/08	34007	LYON MD PAUL
		03/17/08	33716	FAKOURI MD BEJAN
		03/18/08	34465	PASCIAK MD ROBERT
		04/29/08	35211	BOCKRATH MD JOHN
		05/05/08	35058	FAKOURI MD BEJAN
05/22/08	5627	LENTING MD ERIC		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60565...	35...	05/29/08	36745	PASCIAK MD ROBERT
		05/31/08	36803	TROCKMAN MD BRETT
		06/09/08	36518	NUZZARELLO MD JOSEPH
		06/19/08	36939	BOCKRATH MD JOHN
		07/01/08	37557	UNG MD JEAN OU
		07/15/08	38074	SMITH MD CRAIG
		07/22/08	38106	FAKOURI MD BEJAN
		07/24/08	38350	MERRICK MD PAUL
		08/08/08	38883	HWANG MD JAY
		09/09/08	39552	SEO MD ROBERT M
		09/19/08	39993	LISEK MD ERNST
		09/26/08	5627	RASHID MD MICHAEL A
		10/01/08	40310	SMITH MD CRAIG
		10/22/08	40298	SEO MD ROBERT M
		11/13/08	41383	LYON MD PAUL
		11/20/08	41055	NUZZARELLO MD JOSEPH
		11/22/08	41312	SMITH MD CRAIG
		11/28/08	10540	SMITH MD CRAIG
		12/12/08	42006	FAKOURI MD BEJAN
		12/18/08	41408	GIBLIN MD JAMES
12/31/08		41055	CHALLENGER MD ROBERT	
		42748	SEO MD ROBERT M	
60585	12	01/10/08	8646	BOCKRATH MD JOHN
		01/29/08	32990	SEO MD ROBERT M
		02/15/08	33454	SEO MD ROBERT M
		02/21/08	33907	LYON MD PAUL
		10/21/08	40746	FAKOURI MD BEJAN
		11/10/08	39465	FAKOURI MD BEJAN
			41243	FAKOURI MD BEJAN
		11/17/08	40457	LYON MD PAUL
		12/09/08	41243	FAKOURI MD BEJAN
		12/11/08	40746	FAKOURI MD BEJAN
		12/20/08	42534	SMITH MD CRAIG
		12/24/08	42530	DHINDSA MD AVTAR S
60586	11	02/25/08	34104	LYON MD PAUL
		04/18/08	35701	RASHID MD MICHAEL A
		06/05/08	36938	DHINDSA MD AVTAR S



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60586...	11...	08/06/08	38644	DHINDSA MD AVTAR S
		09/04/08	39031	NUZZARELLO MD JOSEPH
		09/24/08	26602	FAKOURI MD BEJAN
			40118	FAKOURI MD BEJAN
		09/25/08	39694	SMITH MD CORNELIUS
		10/27/08	40787	FAKOURI MD BEJAN
		11/19/08	41573	SEO MD ROBERT M
		12/23/08	42033	LENTING MD ERIC
60607	2	07/09/08	37614	ZIMMERMAN MD ROBERT
		07/28/08	37614	LEYLAND II MD JOHN T
60608	2	07/03/08	37753	LAND MD SPENCER A
		11/12/08	41228	KUCERA MD JOSEPH
60608-2590	1	08/30/08	39498	SUNDAR MD B
60609	3	03/10/08	34374	GADRINAB MD NELCAR
		08/15/08	38714	KUCERA MD JOSEPH
		09/11/08	39227	DESIREDDI MD NARESH
60610	2	05/28/08	36429	TROCKMAN MD BRETT
		06/03/08	32062	KIRSH MD EDWARD
60616	2	09/25/08	39897	KUCERA MD JOSEPH
		10/14/08	39897	KUCERA MD JOSEPH
60617	9	01/14/08	32838	GADRINAB MD NELCAR
		04/23/08	32838	GADRINAB MD NELCAR
		05/27/08	36478	NOLD MD STEPHEN
		05/30/08	36529	PARK MD SANGTAE
		06/13/08	36852	BOCKRATH MD JOHN
		07/15/08	36852	BOCKRATH MD JOHN
		10/07/08	31604	KIRSH MD EDWARD
		10/14/08	40574	BONAGURO MD RONALD
11/06/08	41132	GADRINAB MD NELCAR		
60619	1	03/31/08	18919	GADRINAB MD NELCAR
60620	3	02/06/08	33236	USER MD HERBERT
		09/24/08	40021	DEFRANCO MD JOHN
		10/24/08	40021	DEFRANCO MD JOHN
60622	4	07/19/08	38158	SADAH MD ALAN
		10/24/08	40985	RIOS MD EDGAR
		11/07/08	41448	SOSENKO MD GEORGE
		12/12/08	40985	RIOS MD EDGAR

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60623	7	02/01/08	33210	KUCERA MD JOSEPH
		04/30/08	35904	KUCERA MD JOSEPH
		07/15/08	38048	KIRSH MD EDWARD
		07/29/08	38048	KIRSH MD EDWARD
		09/30/08	40090	KUCERA MD JOSEPH
		12/08/08	41767	ZIMMERMAN MD ROBERT
		12/11/08	41930	DESIREDDI MD NARESH
60624	5	03/03/08	24858	ZIMMERMAN MD ROBERT
		08/13/08	38762	ZIMMERMAN MD ROBERT
		09/08/08	38762	ZIMMERMAN MD ROBERT
		11/10/08	39232	ZIMMERMAN MD ROBERT
		11/24/08	39232	ZIMMERMAN MD ROBERT
60625	1	07/22/08	38147	MORAN MD GEORGE G
60626	1	10/24/08	41030	LAND MD SPENCER A
60628	2	06/09/08	19717	GADRINAB MD NELCAR
		06/16/08	19717	GADRINAB MD NELCAR
60629	22	01/22/08	15126	MISUREC MD PETER
		02/11/08	33586	PARK MD SANGTAE
		02/15/08	33616	KUCERA MD JOSEPH
		02/22/08	33922	KHANDEPARKER MD V
		02/27/08	14763	KHANDEPARKER MD V
		03/04/08	34328	MISUREC MD PETER
		03/21/08	34328	MISUREC MD PETER
		04/08/08	34782	KIRSH MD EDWARD
		04/22/08	34782	KIRSH MD EDWARD
		05/28/08	10072	KUCERA MD JOSEPH
			36703	ZUMERCHIK MD DAVID
		07/30/08	38558	MISUREC MD PETER
		08/29/08	39320	KUCERA MD JOSEPH
		09/25/08	39320	KUCERA MD JOSEPH
		09/27/08	40052	KIM MD JAE
		10/01/08	32658	KHANDEPARKER MD V
		10/14/08	40501	MISUREC MD PETER
		11/05/08	41120	KUCERA MD JOSEPH
11/07/08	40580	WOHLBERG MD F		
11/14/08	41552	DEFRANCO MD JOHN		
11/26/08	41120	KUCERA MD JOSEPH		

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60629...	22...	12/30/08	42795	KIRSH MD EDWARD
60630	5	07/03/08	37055	MERRICK MD PAUL
		08/16/08	39018	MISUREC MD PETER
		09/05/08	39018	MISUREC MD PETER
		10/15/08	39018	MISUREC MD PETER
		12/23/08	42320	KUCERA MD JOSEPH
60632	20	01/29/08	33164	KIRSH MD EDWARD
		02/09/08	33655	MISUREC MD PETER
		02/12/08	33164	KIRSH MD EDWARD
		02/28/08	34112	RIOS MD EDGAR
		03/05/08	7718	KUCERA MD JOSEPH
		03/11/08	34121	KIRSH MD EDWARD
			34196	KIRSH MD EDWARD
		03/25/08	34196	KIRSH MD EDWARD
		04/08/08	5143	KIRSH MD EDWARD
		04/15/08	34121	KIRSH MD EDWARD
			7718	KUCERA MD JOSEPH
		05/15/08	36468	KIM MD JAE
		06/03/08	36798	KIRSH MD EDWARD
		07/09/08	7517	KUCERA MD JOSEPH
		07/22/08	37817	PARK MD SANGTAE
		07/25/08	38345	KHANDEPARKER MD V
		07/31/08	38575	KIRSH MD EDWARD
08/29/08	39332	KHANDEPARKER MD V		
09/09/08	39474	KIRSH MD EDWARD		
12/17/08	42328	LAND MD SPENCER A		
60634	6	01/16/08	33087	RIOS MD EDGAR
		01/28/08	32977	LAI MD ROBERT S
		07/30/08	38420	ZIMMERMAN MD ROBERT
		08/13/08	38420	ZIMMERMAN MD ROBERT
		12/09/08	33087	RIOS MD EDGAR
		12/30/08	42542	FAKOURI MD BEJAN
60635	2	01/14/08	19463	ZIMMERMAN MD ROBERT
		02/01/08	33539	SOSENKO MD GEORGE
60636	1	03/28/08	34984	GADRINAB MD NELCAR
60637	1	02/12/08	25791	KIRSH MD EDWARD
60638	53	01/08/08	32813	KUCERA MD JOSEPH

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60638...	53...	01/12/08	30986	MISUREC MD PETER
			32983	MISUREC MD PETER
		01/17/08	33080	KUCERA MD JOSEPH
		02/04/08	33463	KHANDEPARKER MD V
		02/12/08	33284	KIRSH MD EDWARD
		02/21/08	33994	KUCERA MD JOSEPH
		02/29/08	33994	KUCERA MD JOSEPH
		03/04/08	6253	USER MD HERBERT
		03/11/08	34425	KIRSH MD EDWARD
		03/19/08	34621	ZUMERCHIK MD DAVID
		03/25/08	14382	KIRSH MD EDWARD
		04/04/08	35266	LAND MD SPENCER A
		04/09/08	35204	KUCERA MD JOSEPH
		04/15/08	27075	KUCERA MD JOSEPH
		04/22/08	14382	KIRSH MD EDWARD
			29581	KIRSH MD EDWARD
		04/29/08	35266	SUNDAR MD B
		05/01/08	35949	HWANG MD JAY
		05/15/08	36037	KIM MD JAE
		06/05/08	35848	KUCERA MD JOSEPH
			36623	KUCERA MD JOSEPH
		06/06/08	5458	KUCERA MD JOSEPH
		06/11/08	37086	MISUREC MD PETER
		06/25/08	36037	KIM MD JAE
		07/08/08	27133	BONAGURO MD RONALD
		07/09/08	35848	KUCERA MD JOSEPH
			37810	KHANDEPARKER MD V
		07/29/08	38131	KIRSH MD EDWARD
		07/30/08	21284	MISUREC MD PETER
		08/13/08	14399	LYON MD PAUL
		08/15/08	38957	FAKOURI MD BEJAN
				PASCIAK MD ROBERT
			38988	MISUREC MD PETER
		08/19/08	33994	KUCERA MD JOSEPH
		08/26/08	38131	KIRSH MD EDWARD
		09/16/08	25221	MISUREC MD PETER
			38988	MISUREC MD PETER

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60638...	53...	09/22/08	38957	FAKOURI MD BEJAN
		09/30/08	25221	MISUREC MD PETER
		10/07/08	9650	KIRSH MD EDWARD
			17141	KIRSH MD EDWARD
		10/15/08	40203	MISUREC MD PETER
		10/17/08	25221	MISUREC MD PETER
		11/05/08	41324	KUCERA MD JOSEPH
		11/07/08	25221	MISUREC MD PETER
			41296	HOYME MD KERMIT
		11/12/08	41324	KUCERA MD JOSEPH
		11/19/08	40962	LAI MD ROBERT S
		11/22/08	25221	MISUREC MD PETER
		12/16/08	42074	KIRSH MD EDWARD
		12/23/08	42626	ZUMERCHIK MD DAVID
		12/30/08	42074	KIRSH MD EDWARD
42752	KIRSH MD EDWARD			
60638-2405	1	02/18/08	33924	MISUREC MD PETER
60639	13	01/14/08	32909	ZIMMERMAN MD ROBERT
		01/19/08	33095	SADAH MD ALAN
		02/19/08	33953	SOSENKO MD GEORGE
		03/08/08	33953	SOSENKO MD GEORGE
		03/22/08	34506	SOSENKO MD GEORGE
		04/12/08	34506	SOSENKO MD GEORGE
		04/14/08	35511	RIOS MD EDGAR
		05/20/08	30731	KIRSH MD EDWARD
		06/18/08	36979	ZIMMERMAN MD ROBERT
		08/05/08	38433	LAI MD ROBERT S
		08/20/08	38923	ZIMMERMAN MD ROBERT
		08/27/08	38923	ZIMMERMAN MD ROBERT
		10/13/08	40492	ZIMMERMAN MD ROBERT
60639-3529	2	08/08/08	38670	SOSENKO MD GEORGE
		08/25/08	38670	SOSENKO MD GEORGE
60641	5	01/31/08	33109	SOSENKO MD GEORGE
		02/02/08	33334	SADAH MD ALAN
			24478	LAND MD SPENCER A
		39436	LAND MD SPENCER A	
10/13/08	40630	RIOS MD EDGAR		

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60643	1	02/20/08	33748	ZUMERCHIK MD DAVID
60644	31	01/11/08	32763	LAND MD SPENCER A
		01/14/08	32908	ZIMMERMAN MD ROBERT
			32913	LEYLAND II MD JOHN T
		02/04/08	32908	ZIMMERMAN MD ROBERT
		02/13/08	29362	LEYLAND II MD JOHN T
		02/25/08	32913	LEYLAND II MD JOHN T
		03/17/08	32908	ZIMMERMAN MD ROBERT
		03/19/08	34791	TOMERA MD FRED
		03/24/08	20531	ZIMMERMAN MD ROBERT
			32913	LEYLAND II MD JOHN T
		04/04/08	35220	MISUREC MD PETER
		04/23/08	35220	MISUREC MD PETER
		05/12/08	36190	ZIMMERMAN MD ROBERT
		05/16/08	34791	TOMERA MD FRED
		06/23/08	37445	LEYLAND II MD JOHN T
			37490	LEYLAND II MD JOHN T
		07/16/08	37734	ZIMMERMAN MD ROBERT
		07/28/08	38477	LEYLAND II MD JOHN T
		08/13/08	38763	ZIMMERMAN MD ROBERT
			38764	ZIMMERMAN MD ROBERT
		08/20/08	39058	ZIMMERMAN MD ROBERT
		08/27/08	37734	ZIMMERMAN MD ROBERT
			38764	ZIMMERMAN MD ROBERT
			39021	ZIMMERMAN MD ROBERT
		09/03/08	39149	TOMERA MD FRED
		11/03/08	41226	ZIMMERMAN MD ROBERT
		11/10/08	41171	ZIMMERMAN MD ROBERT
41226	ZIMMERMAN MD ROBERT			
11/17/08	41171	ZIMMERMAN MD ROBERT		
12/03/08	41226	ZIMMERMAN MD ROBERT		
12/16/08	41737	KIRSH MD EDWARD		
60647	10	01/09/08	32837	RIOS MD EDGAR
		01/24/08	32837	RIOS MD EDGAR
		02/08/08	33222	SOSENKO MD GEORGE
		03/08/08	33222	SOSENKO MD GEORGE
34454	SOSENKO MD GEORGE			

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60647...	10...	03/29/08	34454	SOSENKO MD GEORGE
		05/13/08	36039	RIOS MD EDGAR
		07/11/08	37936	RASHID MD MICHAEL A
		08/12/08	38598	WOHLBERG MD F
		12/06/08	41212	SOSENKO MD GEORGE
60650	2	01/24/08	33230	TOMERA MD FRED
		09/26/08	39858	MISUREC MD PETER
60651	17	03/03/08	33993	ZIMMERMAN MD ROBERT
		05/19/08	36509	ZIMMERMAN MD ROBERT
		06/25/08	36606	ZIMMERMAN MD ROBERT
		08/04/08	10763	LEYLAND II MD JOHN T
		08/27/08	10763	ZIMMERMAN MD ROBERT
			39135	ZIMMERMAN MD ROBERT
		09/03/08	39318	LEYLAND II MD JOHN T
		09/15/08	39135	ZIMMERMAN MD ROBERT
			39784	ZIMMERMAN MD ROBERT
		09/23/08	39760	KIRSH MD EDWARD
		10/06/08	10763	ZIMMERMAN MD ROBERT
		10/27/08	29065	ZIMMERMAN MD ROBERT
		11/03/08	39784	ZIMMERMAN MD ROBERT
		11/10/08	29065	ZIMMERMAN MD ROBERT
		11/17/08	39784	ZIMMERMAN MD ROBERT
11/24/08	29065	ZIMMERMAN MD ROBERT		
12/11/08	41993	DESIREDDI MD NARESH		
60652	12	03/01/08	34022	KIM MD JAE
		05/03/08	34022	KIM MD JAE
		05/12/08	36079	GADRINAB MD NELCAR
		08/02/08	34022	KIM MD JAE
		08/06/08	38625	KIM MD JAE
		08/15/08	38941	MISUREC MD PETER
			38989	MISUREC MD PETER
		09/05/08	38989	MISUREC MD PETER
		09/19/08	13920	HOYME MD KERMIT
		09/26/08	38989	MISUREC MD PETER
		10/17/08	38989	MISUREC MD PETER
		11/22/08	38989	MISUREC MD PETER
60654-3428	1	12/24/08	3418	NUZZARELLO MD JOSEPH

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60655	7	01/15/08	32877	KIRSH MD EDWARD
		04/26/08	35669	KIM MD JAE
		05/17/08	35655	KIM MD JAE
		09/08/08	38911	KIM MD JAE
		11/14/08	41430	DEFRANCO MD JOHN
		12/05/08	40190	STEINBERG MD JAY
		12/08/08	42079	KIM MD JAE
60658	3	05/23/08	36689	SOSENKO MD GEORGE
		07/23/08	38311	ZIMMERMAN MD ROBERT
		10/28/08	41079	BADWAN MD KHALID H
60658-3913	2	05/17/08	36073	SOSENKO MD GEORGE
		05/31/08	36073	SOSENKO MD GEORGE
60658	1	11/21/08	40751	CINEL MD SCOTT
60659	1	04/17/08	35609	LYON MD PAUL
60706	1	11/14/08	41586	SOSENKO MD GEORGE
60707	13	01/03/08	32226	ZIMMERMAN MD ROBERT
		01/21/08	32226	ZIMMERMAN MD ROBERT
		02/18/08	33835	ZIMMERMAN MD ROBERT
		03/03/08	33835	ZIMMERMAN MD ROBERT
		03/31/08	35040	ZIMMERMAN MD ROBERT
		04/14/08	35040	LEYLAND II MD JOHN T
		04/22/08	35419	LAI MD ROBERT S
		04/28/08	33835	ZIMMERMAN MD ROBERT
			35040	ZIMMERMAN MD ROBERT
		07/14/08	3779	LEYLAND II MD JOHN T
		10/13/08	39392	ZIMMERMAN MD ROBERT
		12/10/08	35419	LAI MD ROBERT S
		12/12/08	35419	LAI MD ROBERT S
60714	1	01/16/08	32731	TALLURI MD S
60803	4	01/11/08	26058	STEINBERG MD JAY
		04/29/08	35944	WOHLBERG MD F
		11/19/08	41647	DEFRANCO MD JOHN
		12/26/08	42696	HOYME MD KERMIT
60804	38	01/12/08	31780	MISUREC MD PETER
		01/15/08	32626	KIRSH MD EDWARD
		01/16/08	13910	MISUREC MD PETER
		01/17/08	32868	KUCERA MD JOSEPH



## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60804...	38...	01/29/08	31468	KIRSH MD EDWARD
			32626	KIRSH MD EDWARD
		02/15/08	33646	KUCERA MD JOSEPH
		02/20/08	32868	KUCERA MD JOSEPH
		03/01/08	34163	MISUREC MD PETER
		03/05/08	34233	KUCERA MD JOSEPH
		03/31/08	34946	LEYLAND II MD JOHN T
		04/12/08	34163	MISUREC MD PETER
		04/23/08	35765	MISUREC MD PETER
		04/26/08	10501	MERRICK MD PAUL
		05/06/08	35975	KIRSH MD EDWARD
		05/09/08	35952	KUCERA MD JOSEPH
		05/12/08	36206	ZIMMERMAN MD ROBERT
		06/17/08	36482	KIRSH MD EDWARD
			37181	KIRSH MD EDWARD
		06/27/08	37518	KUCERA MD JOSEPH
		07/01/08	37701	KIRSH MD EDWARD
		07/11/08	37888	KUCERA MD JOSEPH
		07/15/08	37701	KIRSH MD EDWARD
		07/29/08	36482	KIRSH MD EDWARD
		08/06/08	38760	MISUREC MD PETER
		08/15/08	37518	KUCERA MD JOSEPH
		08/27/08	39313	MISUREC MD PETER
		08/29/08	39198	KUCERA MD JOSEPH
		09/02/08	39381	KUCERA MD JOSEPH
		09/11/08	39617	KUCERA MD JOSEPH
		10/01/08	39617	KUCERA MD JOSEPH
		10/14/08	40649	KUCERA MD JOSEPH
		10/31/08	41059	RIOS MD EDGAR
		11/11/08	31570	MISUREC MD PETER
11/18/08	41363	KIRSH MD EDWARD		
12/08/08	41749	ZIMMERMAN MD ROBERT		
12/15/08	41749	ZIMMERMAN MD ROBERT		
12/17/08	41975	KUCERA MD JOSEPH		
60805	5	01/18/08	33174	STEINBERG MD JAY
		02/13/08	33413	ZUMERCHIK MD DAVID
		03/03/08	34257	WOHLBERG MD F

## 2008 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60805...	5...	11/19/08	41659	ZUMERCHIK MD DAVID
		11/21/08	41730	HOYME MD KERMIT
60805-2234	1	01/16/08	32429	USER MD HERBERT
60954	1	02/21/08	33016	KINZLER MD GORDON
61065	1	12/23/08	42661	LENTING MD ERIC
61073	1	04/18/08	35323	RASHID MD MICHAEL A
61353	1	01/25/08	15230	SMITH MD CRAIG
61356	2	06/24/08	37522	KRENGEL MD SAMUEL
		07/25/08	37522	KRENGEL MD SAMUEL
61614	1	07/15/08	37953	MORAN MD GEORGE G
62870	1	02/08/08	33620	TURK DO CHARLES O
63130-2912	1	01/03/08	32598	LYON MD PAUL
63367	1	09/05/08	39459	CINEL MD SCOTT
84092	1	08/05/08	38565	TALLURI MD S

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60016	1	10/03/08	12993	SMITH MD CRAIG
60025	1	07/07/08	11134	STOBNIKI MD MAREK
60026	1	12/18/08	4975	CORNFIELD MD JOEL
60056	1	12/29/08	14558	LEYLAND II MD JOHN T
60068	1	07/18/08	12258	SOSENKO MD GEORGE
60098	1	06/30/08	11854	LEYLAND II MD JOHN T
60104	4	03/24/08	10824	LEYLAND II MD JOHN T
		08/25/08	4410	LEYLAND II MD JOHN T
		09/03/08	4410	LEYLAND II MD JOHN T
		11/24/08	14084	LEYLAND II MD JOHN T
60126	6	06/05/08	11529	KINZLER MD GORDON
		06/18/08	11726	KRENGEL MD SAMUEL
		06/23/08	12049	KINZLER MD GORDON
		06/30/08	12107	LEYLAND II MD JOHN T
		07/16/08	12207	KRENGEL MD SAMUEL
		09/04/08	380	KINZLER MD GORDON
60130	3	04/14/08	11148	LEYLAND II MD JOHN T
		08/11/08	12545	LEYLAND II MD JOHN T
		09/29/08	13323	LEYLAND II MD JOHN T
60133	1	11/06/08	13756	MERRICK MD PAUL
60137	2	01/24/08	9720	MERRICK MD PAUL
		10/08/08	12834	OH MD JOSEPH
60148	5	01/24/08	7399	MERRICK MD PAUL
			8639	MERRICK MD PAUL
		05/29/08	11397	MERRICK MD PAUL
		07/07/08	12120	KINZLER MD GORDON
		08/07/08	12196	KINZLER MD GORDON
60151	1	04/11/08	11233	RASHID MD MICHAEL A
60153	2	07/07/08	12123	LEYLAND II MD JOHN T
		11/17/08	13654	LEYLAND II MD JOHN T
60154	6	02/01/08	10318	LEYLAND II MD JOHN T
		02/11/08	10376	FAKOURI MD BEJAN
		02/25/08	10260	LEYLAND II MD JOHN T
		06/16/08	11970	LEYLAND II MD JOHN T
		07/23/08	10883	HWANG MD JAY
		09/09/08	12912	KIRSH MD EDWARD
60160	1	08/26/08	12635	KIRSH MD EDWARD

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60172	1	05/08/08	11241	MERRICK MD PAUL
60175	1	11/18/08	14136	RASHID MD MICHAEL A
60181	1	03/20/08	10834	KINZLER MD GORDON
60187	4	01/15/08	10073	CHRISTENSEN MD JOHN
		05/29/08	11713	MERRICK MD PAUL
		06/23/08	11941	LEYLAND II MD JOHN T
		09/05/08	12911	SMITH MD CRAIG
60190	1	03/21/08	10338	SMITH MD CRAIG
60191	1	05/17/08	10509	SOSENKO MD GEORGE
60193	1	05/17/08	11311	SOSENKO MD GEORGE
60301	1	04/08/08	10036	KIRSH MD EDWARD
60302	9	05/02/08	11312	LEYLAND II MD JOHN T
		06/18/08	12075	LEYLAND II MD JOHN T
		07/14/08	69	LEYLAND II MD JOHN T
		08/11/08	12689	LEYLAND II MD JOHN T
		10/13/08	13446	LEYLAND II MD JOHN T
		10/20/08	13446	LEYLAND II MD JOHN T
		10/27/08	13800	LEYLAND II MD JOHN T
		12/08/08	14324	LEYLAND II MD JOHN T
60304	4	12/29/08	9499	LEYLAND II MD JOHN T
		03/10/08	10732	LEYLAND II MD JOHN T
		04/14/08	10514	LEYLAND II MD JOHN T
		04/21/08	11056	LEYLAND II MD JOHN T
60305	6	05/19/08	11593	LEYLAND II MD JOHN T
		05/02/08	11313	LEYLAND II MD JOHN T
		06/09/08	10973	LEYLAND II MD JOHN T
		06/19/08	11313	LEYLAND II MD JOHN T
		12/01/08	11313	LEYLAND II MD JOHN T
			14135	LEYLAND II MD JOHN T
60402	14	12/29/08	10973	LEYLAND II MD JOHN T
		02/01/08	10237	SUNDAR MD B
		02/12/08	10350	KIRSH MD EDWARD
			10379	KIRSH MD EDWARD
		03/11/08	10571	KIRSH MD EDWARD
		04/08/08	10798	KIRSH MD EDWARD
		04/22/08	10963	KIRSH MD EDWARD
		04/30/08	11133	MISUREC MD PETER

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60402...	14...	05/20/08	11629	KIRSH MD EDWARD
		06/09/08	11671	LEYLAND II MD JOHN T
		07/08/08	12109	SUNDAR MD B
		07/16/08	12271	MISUREC MD PETER
		08/01/08	12405	SUNDAR MD B
		09/15/08	13106	LEYLAND II MD JOHN T
		11/04/08	12109	KIRSH MD EDWARD
60415	2	02/26/08	10513	KIRSH MD EDWARD KUCERA MD JOSEPH
		04/08/08	10905	KIRSH MD EDWARD
60422	2	02/26/08	10543	KUCERA MD JOSEPH
		12/16/08	10543	KIRSH MD EDWARD
60430	1	09/23/08	12967	KIRSH MD EDWARD
60433	1	08/20/08	12633	OH MD JOSEPH
60439	2	03/28/08	10836	SOSENKO MD GEORGE
		06/17/08	11775	KIRSH MD EDWARD
60440	2	06/12/08	11748	CORNFIELD MD JOEL
		07/31/08	12555	CORNFIELD MD JOEL
60455	2	11/25/08	14128	MISUREC MD PETER
		12/30/08	14391	KIRSH MD EDWARD
60458	1	05/06/08	10613	KIRSH MD EDWARD
60459	1	03/07/08	10661	SUNDAR MD B
60465	1	06/16/08	11832	SUNDAR MD B
60480	2	08/06/08	12382	KRENGEL MD SAMUEL
		09/11/08	12945	HWANG MD JAY
60490	1	05/08/08	11346	MERRICK MD PAUL
60491	1	05/06/08	11299	KIRSH MD EDWARD
60501	4	01/15/08	9988	KIRSH MD EDWARD
		03/25/08	10884	KIRSH MD EDWARD
		04/08/08	10928	KIRSH MD EDWARD
		08/01/08	12273	SUNDAR MD B
60502	1	07/24/08	12358	CORNFIELD MD JOEL
60510	2	01/25/08	10259	RASHID MD MICHAEL A
		10/31/08	13641	RASHID MD MICHAEL A
60513	4	01/15/08	10008	KIRSH MD EDWARD
		03/10/08	10614	LEYLAND II MD JOHN T
		09/23/08	13121	KIRSH MD EDWARD

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60513...	4...	12/17/08	13655	KRENGEL MD SAMUEL
60514	2	06/25/08	11430	KRENGEL MD SAMUEL
		07/30/08	12403	KRENGEL MD SAMUEL
60515	4	04/16/08	10847	KRENGEL MD SAMUEL
		07/18/08	12078	SOSENKO MD GEORGE
		09/11/08	12274	CORNFIELD MD JOEL
		10/13/08	13624	CORNFIELD MD JOEL
60516	1	05/05/08	11406	CORNFIELD MD JOEL
60517	1	02/27/08	10541	MISUREC MD PETER
60521	3	04/03/08	10983	HWANG MD JAY
		06/12/08	11779	SUNDAR MD B
		11/05/08	13877	KRENGEL MD SAMUEL
60523	1	01/24/08	10196	CORNFIELD MD JOEL
60525	1	07/31/08	12567	CORNFIELD MD JOEL
60527	2	05/21/08	11326	OH MD JOSEPH
		06/26/08	11651	MERRICK MD PAUL
60532	1	03/28/08	10860	SOSENKO MD GEORGE
60534	2	02/12/08	9928	KIRSH MD EDWARD
		09/23/08	13078	KIRSH MD EDWARD
60540	2	02/21/08	10462	LYON MD PAUL
		05/29/08	11582	MERRICK MD PAUL
60544	1	11/18/08	14011	KIRSH MD EDWARD
60546	3	01/15/08	10049	KIRSH MD EDWARD
		06/17/08	10049	KIRSH MD EDWARD
		08/26/08	12874	KIRSH MD EDWARD
60555	1	09/22/08	13263	CORNFIELD MD JOEL
60558	1	10/29/08	13643	KRENGEL MD SAMUEL
60559	2	03/17/08	10751	HWANG MD JAY
		06/05/08	11754	HWANG MD JAY
60560	1	09/03/08	12996	RASHID MD MICHAEL A
60561	4	04/09/08	11117	KRENGEL MD SAMUEL
		09/29/08	6797	CORNFIELD MD JOEL
		10/10/08	13164	SOSENKO MD GEORGE
		11/24/08	14176	HWANG MD JAY
60563	2	01/24/08	9611	MERRICK MD PAUL
		10/31/08	13656	SMITH MD CRAIG
60564	1	02/23/08	10366	SMITH MD CRAIG

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60565	1	05/30/08	11400	SMITH MD CRAIG
60607	1	08/18/08	12735	LEYLAND II MD JOHN T
60608	1	07/31/08	12195	PARK MD SANGTAE
60612	1	12/15/08	14320	LEYLAND II MD JOHN T
60615	1	04/16/08	11035	SUNDAR MD B
60616	2	03/11/08	10643	KIRSH MD EDWARD
		09/09/08	12982	KIRSH MD EDWARD
60618	1	07/05/08	12193	SOSENKO MD GEORGE
60622	2	03/08/08	8774	SOSENKO MD GEORGE
		10/11/08	13375	SOSENKO MD GEORGE
60623	5	05/29/08	11722	PARK MD SANGTAE
		06/17/08	11962	SUNDAR MD B
		07/28/08	1553	LEYLAND II MD JOHN T
		08/11/08	1553	LEYLAND II MD JOHN T
		10/06/08	13374	LEYLAND II MD JOHN T
60624	4	02/11/08	10345	LEYLAND II MD JOHN T
		03/17/08	10813	LEYLAND II MD JOHN T
		04/22/08	10974	KIRSH MD EDWARD
		07/28/08	12457	LEYLAND II MD JOHN T
60625	2	11/21/08	13711	MISUREC MD PETER
		12/24/08	14430	SUNDAR MD B
60629	6	03/13/08	10803	CORNFIELD MD JOEL
		04/08/08	10929	KIRSH MD EDWARD
		07/01/08	12153	KIRSH MD EDWARD
		12/09/08	14353	SUNDAR MD B
		12/17/08	14534	SUNDAR MD B
		12/18/08	10803	CORNFIELD MD JOEL
60632	7	02/01/08	10236	SUNDAR MD B
		02/26/08	10483	KIRSH MD EDWARD
		04/22/08	11010	KIRSH MD EDWARD
		06/23/08	11831	SUNDAR MD B
		09/09/08	12862	KIRSH MD EDWARD
		11/07/08	13811	SUNDAR MD B
		12/16/08	10463	KIRSH MD EDWARD
60632-4505	1	05/23/08	11568	SUNDAR MD B
60633	1	08/26/08	7175	KIRSH MD EDWARD
60634	5	03/08/08	10615	SOSENKO MD GEORGE

## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60634...	5...	03/10/08	10736	LEYLAND II MD JOHN T
		03/24/08	10736	LEYLAND II MD JOHN T
		08/18/08	12736	LEYLAND II MD JOHN T
		12/06/08	13828	SOSENKO MD GEORGE
60638	10	01/08/08	9945	MISUREC MD PETER
		01/15/08	9946	KIRSH MD EDWARD
		01/22/08	10084	SUNDAR MD B
		05/06/08	11057	KIRSH MD EDWARD
		06/18/08	11914	MISUREC MD PETER
		07/24/08	12507	CORNFIELD MD JOEL
		08/12/08	12214	KIRSH MD EDWARD
		09/23/08	12946	KIRSH MD EDWARD
		10/10/08	13035	SUNDAR MD B
		10/21/08	13568	KIRSH MD EDWARD
60639	8	01/14/08	9959	LEYLAND II MD JOHN T
		02/04/08	10261	LEYLAND II MD JOHN T
		02/19/08	10487	LEYLAND II MD JOHN T
		05/31/08	11725	SOSENKO MD GEORGE
		07/18/08	12194	SOSENKO MD GEORGE
		08/05/08	12461	SOSENKO MD GEORGE
		10/20/08	13480	LEYLAND II MD JOHN T
		10/29/08	12194	SOSENKO MD GEORGE
60640-7333	1	01/04/08	9824	SOSENKO MD GEORGE
60641	2	06/21/08	12009	SOSENKO MD GEORGE
		10/20/08	13634	LEYLAND II MD JOHN T
60642	1	10/31/08	13216	SOSENKO MD GEORGE
60644	11	03/03/08	10465	LEYLAND II MD JOHN T
			10635	LEYLAND II MD JOHN T
		04/15/08	11244	LEYLAND II MD JOHN T
		05/05/08	11403	LEYLAND II MD JOHN T
		06/02/08	11778	LEYLAND II MD JOHN T
		07/07/08	11896	LEYLAND II MD JOHN T
			12130	LEYLAND II MD JOHN T
		07/21/08	12360	LEYLAND II MD JOHN T
		08/25/08	12860	LEYLAND II MD JOHN T
		09/22/08	13105	LEYLAND II MD JOHN T
		11/24/08	14019	LEYLAND II MD JOHN T



## 2008 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60646	1	12/17/08	14543	KRENGEL MD SAMUEL
60647	1	04/12/08	10893	SOSENKO MD GEORGE
60651	8	05/05/08	11396	LEYLAND II MD JOHN T
		05/12/08	11471	LEYLAND II MD JOHN T
		06/02/08	11737	LEYLAND II MD JOHN T
		06/16/08	11857	LEYLAND II MD JOHN T
		06/30/08	11986	LEYLAND II MD JOHN T
		09/10/08	13081	SOSENKO MD GEORGE
		12/01/08	3073	LEYLAND II MD JOHN T
		12/15/08	14316	LEYLAND II MD JOHN T
60652	2	04/22/08	10746	KIRSH MD EDWARD
		06/19/08	12005	PARK MD SANGTAE
60707	2	03/11/08	10145	KIRSH MD EDWARD
		05/12/08	11489	LEYLAND II MD JOHN T
60802	1	02/26/08	10512	KIRSH MD EDWARD
60804	7	03/11/08	10542	KIRSH MD EDWARD
				KUCERA MD JOSEPH
		06/17/08	11829	KIRSH MD EDWARD
		07/01/08	12155	KIRSH MD EDWARD
		10/28/08	13447	MISUREC MD PETER
		11/04/08	13727	KIRSH MD EDWARD
		11/12/08	13939	LEYLAND II MD JOHN T
		12/02/08	14243	KIRSH MD EDWARD
60804-3214	1	12/30/08	14581	KIRSH MD EDWARD



## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
00604	1	04/08/09	41622	WEST MD PAUL
06446	3	06/30/09	47718	DHINDSA MD AVTAR S
		08/21/09	47718	DHINDSA MD AVTAR S
		12/03/09	22612	LYON MD PAUL
46304	1	06/09/09	28305	DHINDSA MD AVTAR S
46319	2	10/20/09	50733	FAKOURI MD BEJAN
		11/03/09	50733	FAKOURI MD BEJAN
46324	1	07/08/09	47806	TOMERA MD FRED
46376	1	03/20/09	44288	SMITH MD CRAIG
49128	1	09/17/09	49608	KUCERA MD JOSEPH
58201	1	06/22/09	47501	KHANNA MD RAMESH
60006	3	09/18/09	49471	SOSENKO MD GEORGE
		10/23/09	49471	SOSENKO MD GEORGE
		11/21/09	49471	SOSENKO MD GEORGE
60007	3	04/14/09	45572	SCHUSTER MD GEORGE
		10/22/09	49615	SCHUSTER MD GEORGE
		11/24/09	40303	SCHUSTER MD GEORGE
60010	4	02/19/09	40616	KRITSAS MD JOHN
		05/13/09	46325	TALLURI MD S
		08/28/09	41899	TALLURI MD S
		10/22/09	49469	SCHUSTER MD GEORGE
60026	1	04/07/09	45277	RIOS MD EDGAR
60056-4914	1	10/14/09	50534	TALLURI MD S
60067	1	10/01/09	49902	SCHUSTER MD GEORGE
60074	2	02/17/09	44144	RASHID MD MICHAEL A
		03/06/09	44144	RASHID MD MICHAEL A
60081	1	06/12/09	46724	CHRISTENSEN MD JOHN
60101	22	02/17/09	43649	SCHUSTER MD GEORGE
		02/19/09	44041	GIBLIN MD JAMES
		03/16/09	44770	ZIMMERMAN MD ROBERT
		03/27/09	44947	LAI MD ROBERT S
		03/30/09	44770	ZIMMERMAN MD ROBERT
		04/01/09	29472	OH MD JOSEPH
		04/22/09	45752	TALLURI MD S
		05/07/09	44891	KISIELIUS MD PETRAS
		05/26/09	44891	KISIELIUS MD PETRAS
		06/03/09	46925	TALLURI MD S

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60101...	22...	06/10/09	46680	KISIELIUS MD PETRAS
		06/11/09	44891	KISIELIUS MD PETRAS
		06/25/09	46680	KISIELIUS MD PETRAS
		07/01/09	47579	BADWAN MD KHALID H
		07/07/09	47838	KISIELIUS MD PETRAS
		07/27/09	48449	BADWAN MD KHALID H
		08/10/09	48400	KINZLER MD GORDON
		08/17/09	48986	KINZLER MD GORDON
		09/14/09	49545	BADWAN MD KHALID H
		09/17/09	49622	KISIELIUS MD PETRAS
		11/10/09	51242	LAI MD ROBERT S
		12/17/09	52246	KISIELIUS MD PETRAS
60103	9	05/14/09	41718	CHALLENGER MD ROBER
			46130	MERRICK MD PAUL
		05/22/09	46537	BADWAN MD KHALID H
		06/11/09	46122	GIBLIN MD JAMES
		07/10/09	46674	SMITH MD CRAIG
		07/24/09	48349	RASHID MD MICHAEL A
		07/31/09	48349	LENTING MD ERIC
		08/06/09	46122	CHALLENGER MD ROBER
		12/07/09	50747	MERRICK MD PAUL
60103-1398	1	04/03/09	45092	CHRISTENSEN MD JOHN
				LENTING MD ERIC
60104	3	01/26/09	43186	ZIMMERMAN MD ROBERT
		02/11/09	43186	ZIMMERMAN MD ROBERT
		09/25/09	49614	CINEL MD SCOTT
60106	7	01/12/09	43012	CINEL MD SCOTT
		05/28/09	46604	TROCKMAN MD BRETT
		07/09/09	46604	CHALLENGER MD ROBER
		07/13/09	14412	BADWAN MD KHALID H
		08/12/09	14412	BADWAN MD KHALID H
		10/16/09	50590	BADWAN MD KHALID H
		11/04/09	50590	BADWAN MD KHALID H
60107	1	09/22/09	49859	CHALLENGER MD ROBER
60108	14	01/09/09	42947	SMITH MD CRAIG
		01/20/09	42658	FAKOURI MD BEJAN
		01/23/09	43108	TALLURI MD S

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60108...	14...	05/08/09	46270	LAI MD ROBERT S
		05/29/09	46867	LENTING MD ERIC
		06/03/09	46992	TOMERA MD FRED
		06/24/09	46992	TOMERA MD FRED
		07/22/09	48306	ZIMMERMAN MD ROBERT
		08/28/09	49302	CHRISTENSEN MD JOHN
		09/25/09	50007	PLANTE MD JOHN
		10/09/09	50007	CHRISTENSEN MD JOHN
		10/14/09	46992	TOMERA MD FRED
		12/09/09	46992	TOMERA MD FRED
		12/17/09	18703	MERRICK MD PAUL
60111	1	09/11/09	21984	BURSTEIN MD JAY D
60112	3	06/26/09	40879	PLANTE MD JOHN
		09/18/09	49930	LENTING MD ERIC
		10/29/09	50579	BURSTEIN MD JAY D
60115	22	02/25/09	43636	BUX MD SAJIT
		02/27/09	44410	BURSTEIN MD JAY D
		03/27/09	45041	PLANTE MD JOHN
		04/10/09	45371	BURSTEIN MD JAY D
		04/14/09	45470	BUX MD SAJIT
		04/24/09	44410	BURSTEIN MD JAY D
			45723	BURSTEIN MD JAY D
		06/10/09	21737	BUX MD SAJIT
			45470	BUX MD SAJIT
		08/13/09	48910	BUX MD SAJIT
		08/19/09	49063	STEINBERG MD ABRAHAM
		08/28/09	49138	BURSTEIN MD JAY D
		09/09/09	49251	BUX MD SAJIT
			49331	BUX MD SAJIT
		09/11/09	49646	BURSTEIN MD JAY D
		09/15/09	49000	BUX MD SAJIT
			49358	BUX MD SAJIT
09/23/09	11772	BUX MD SAJIT		
10/22/09	50484	BUX MD SAJIT		
10/29/09	50903	BURSTEIN MD JAY D		
11/25/09	49646	BURSTEIN MD JAY D		
12/16/09	52311	BURSTEIN MD JAY D		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60118	1	12/10/09	51500	GIBLIN MD JAMES
60119	4	04/07/09	34992	LENTING MD ERIC
		06/25/09	47590	LENTING MD ERIC
		07/31/09	48405	LENTING MD ERIC
		09/11/09	49434	CHRISTENSEN MD JOHN
60120	5	03/27/09	45176	LAI MD ROBERT S
		09/18/09	49748	LENTING MD ERIC
		10/02/09	49748	LENTING MD ERIC
		12/02/09	33257	LYON MD PAUL
		12/17/09	33257	LYON MD PAUL
60121	1	06/12/09	47154	CHRISTENSEN MD JOHN
60123	3	06/19/09	22267	LENTING MD ERIC
		07/14/09	47857	CHRISTENSEN MD JOHN
		11/20/09	1004	RASHID MD MICHAEL A
60124	2	10/09/09	47042	CHRISTENSEN MD JOHN
		11/24/09	51554	LENTING MD ERIC
60126	39	01/23/09	26684	TALLURI MD S
		01/28/09	43540	LAI MD ROBERT S
			43557	ZIMMERMAN MD ROBERT
		01/29/09	42450	KISIELIUS MD PETRAS
		01/30/09	43558	WEST MD PAUL
		02/06/09	43855	BADWAN MD KHALID H
		02/11/09	43873	BADWAN MD KHALID H
		02/16/09	43557	ZIMMERMAN MD ROBERT
		02/23/09	44317	KINZLER MD GORDON
		02/27/09	26684	TALLURI MD S
		03/05/09	42450	KISIELIUS MD PETRAS
		03/19/09	44767	KISIELIUS MD PETRAS
		03/20/09	44987	BADWAN MD KHALID H
		03/27/09	45161	PLANTE MD JOHN
		03/30/09	43557	ZIMMERMAN MD ROBERT
		04/03/09	44987	BADWAN MD KHALID H
		04/08/09	44767	KISIELIUS MD PETRAS
		04/09/09	45186	HWANG MD JAY
			45442	HWANG MD JAY
		04/30/09	45442	HWANG MD JAY
05/07/09	13855	CORNFIELD MD JOEL		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60126...	39...	05/15/09	46031	CINEL MD SCOTT
		05/22/09	14099	PASCIAK MD ROBERT
		06/05/09	46780	CINEL MD SCOTT
		06/12/09	29674	CINEL MD SCOTT
		07/10/09	14099	PASCIAK MD ROBERT
		07/13/09	47997	BADWAN MD KHALID H
		07/15/09	47892	BADWAN MD KHALID H
		07/23/09	1898	TROCKMAN MD BRETT
		07/24/09	29674	CINEL MD SCOTT
		08/04/09	48528	KISIELIUS MD PETRAS
		08/06/09	44761	CHALLENGER MD ROBER
		08/14/09	39319	LAI MD ROBERT S
		08/21/09	29674	CINEL MD SCOTT
		09/24/09	49933	KINZLER MD GORDON
		10/09/09	49889	CINEL MD SCOTT
		10/12/09	50510	KINZLER MD GORDON
10/30/09	50817	BADWAN MD KHALID H		
11/16/09	51412	KINZLER MD GORDON		
60130	8	01/12/09	28404	LEYLAND II MD JOHN T
		03/11/09	44692	KUCERA MD JOSEPH
		03/13/09	11690	KUCERA MD JOSEPH
		03/23/09	18523	ZIMMERMAN MD ROBERT
		04/29/09	44692	KUCERA MD JOSEPH
		07/30/09	48190	HARRIS MD RICHARD
		10/09/09	48190	HARRIS MD RICHARD
		12/29/09	50638	KIRSH MD EDWARD
60131	13	01/12/09	43044	TOMERA MD FRED
		02/14/09	23217	SOSENKO MD GEORGE
		02/16/09	43954	BADWAN MD KHALID H
		03/03/09	44456	LAI MD ROBERT S
		03/11/09	43954	BADWAN MD KHALID H
		05/21/09	45710	MERRICK MD PAUL
		06/10/09	43044	TOMERA MD FRED
		09/23/09	49673	LAI MD ROBERT S
		10/07/09	36903	KINZLER MD GORDON
		10/13/09	49673	LAI MD ROBERT S
11/06/09	50868	SOSENKO MD GEORGE		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60131...	13...	11/09/09	36903	KINZLER MD GORDON
		11/27/09	50868	SOSENKO MD GEORGE
60133	4	01/03/09	42259	SOSENKO MD GEORGE
		01/30/09	42259	SOSENKO MD GEORGE
			43541	LAI MD ROBERT S
		11/21/09	42259	SOSENKO MD GEORGE
60134	33	01/23/09	27512	LENTING MD ERIC
		01/26/09	43472	DARWISH MD MOHAMME
		02/05/09	43826	RASHID MD MICHAEL A
		02/19/09	43579	GIBLIN MD JAMES
		02/20/09	44143	CHRISTENSEN MD JOHN
		03/13/09	13300	LENTING MD ERIC
		04/03/09	45187	LENTING MD ERIC
			45298	LENTING MD ERIC
		04/24/09	45900	RASHID MD MICHAEL A
		05/01/09	45881	CHRISTENSEN MD JOHN
		05/08/09	46188	RASHID MD MICHAEL A
			46189	RASHID MD MICHAEL A
		05/15/09	45900	LENTING MD ERIC
			46530	LENTING MD ERIC
		05/22/09	13300	PLANTE MD JOHN
			35052	PLANTE MD JOHN
		05/29/09	45881	LENTING MD ERIC
		06/26/09	27512	PLANTE MD JOHN
		06/29/09	47556	STEINBERG MD ABRAHAM
		07/31/09	48466	LENTING MD ERIC
		08/14/09	48356	RASHID MD MICHAEL A
		08/28/09	49060	CHRISTENSEN MD JOHN
		10/09/09	48356	CHRISTENSEN MD JOHN
		10/19/09	50567	STEINBERG MD ABRAHAM
		10/23/09	50853	PLANTE MD JOHN
		11/12/09	50694	TROCKMAN MD BRETT
11/16/09	48356	LENTING MD ERIC		
	51384	LENTING MD ERIC		
11/20/09	51514	RASHID MD MICHAEL A		
	51596	RASHID MD MICHAEL A		
12/04/09	8250	LENTING MD ERIC		



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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60134...	33...	12/11/09	52042	RASHID MD MICHAEL A
		12/18/09	22866	CHRISTENSEN MD JOHN
60135	5	01/26/09	43066	BUX MD SAJIT
		04/09/09	45224	BUX MD SAJIT
		09/02/09	49193	BUX MD SAJIT
		09/23/09	49193	BUX MD SAJIT
		12/15/09	52125	BUX MD SAJIT
60136	1	02/27/09	44389	LENTING MD ERIC
60137	23	01/26/09	42985	MERRICK MD PAUL
		02/14/09	28727	SOSENKO MD GEORGE
		03/12/09	44821	LENTING MD ERIC
		03/19/09	44499	CHALLENGER MD ROBER
		03/27/09	44887	WEST MD PAUL
		04/09/09	45233	KINZLER MD GORDON
		04/14/09	44887	WEST MD PAUL
		04/24/09	9747	SMITH MD CRAIG
		05/13/09	46019	OH MD JOSEPH
		05/15/09	46154	SMITH MD CRAIG
		06/12/09	44887	WEST MD PAUL
		06/18/09	46819	TROCKMAN MD BRETT
		06/29/09	44887	WEST MD PAUL
		07/16/09	46835	UNG MD JEAN OU
		08/20/09	48849	NUZZARELLO MD JOSEPH
		09/04/09	48773	SEO MD ROBERT M
		09/10/09	49412	LISEK MD ERNST
09/25/09	49754	FISHER MD MARK		
10/15/09	50477	NUZZARELLO MD JOSEPH		
10/22/09	50307	KUCERA MD JOSEPH		
11/13/09	51138	SMITH MD CRAIG		
12/03/09	51706	KRENGEL MD SAMUEL		
12/11/09	28727	SOSENKO MD GEORGE		
60139	18	01/31/09	43706	TALLURI MD S
		02/13/09	43719	PLANTE MD JOHN
		02/27/09	43233	UNG MD JEAN OU
		03/03/09	44405	NUZZARELLO MD JOSEPH
		03/19/09	43233	UNG MD JEAN OU
		03/25/09	28920	MISUREC MD PETER

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60139...	18...	04/02/09	43719	RASHID MD MICHAEL A
		06/11/09	46484	GIBLIN MD JAMES
		08/06/09	46484	CHALLENGER MD ROBER
		08/11/09	48579	UNG MD JEAN OU
		08/19/09	49030	BADWAN MD KHALID H
		09/02/09	49400	BADWAN MD KHALID H
		11/10/09	51283	LAI MD ROBERT S
		11/20/09	51467	BADWAN MD KHALID H
			51490	LISEK MD ERNST
		12/10/09	51699	GIBLIN MD JAMES
		12/19/09	51606	SMITH MD CRAIG
		12/29/09	52504	BADWAN MD KHALID H
		60140	2	01/26/09
08/07/09	48724			PLANTE MD JOHN
60143	2	08/06/09	48277	KISIELIUS MD PETRAS
		08/20/09	48904	NUZZARELLO MD JOSEPH
60143-0403	1	02/12/09	43793	KISIELIUS MD PETRAS
60145	3	01/09/09	23096	RASHID MD MICHAEL A
		01/26/09	43355	BUX MD SAJIT
		08/14/09	48219	BURSTEIN MD JAY D
60146	1	08/21/09	39241	PLANTE MD JOHN
60148	21	01/08/09	42686	AGHA MD ARIF
		01/29/09	43501	KUCERA MD JOSEPH
		03/20/09	44507	SMITH MD CRAIG
		04/07/09	45343	WEST MD PAUL
		05/11/09	46320	BADWAN MD KHALID H
		05/14/09	46116	CHALLENGER MD ROBER
		05/18/09	45654	BADWAN MD KHALID H
		06/15/09	46320	BADWAN MD KHALID H
		06/26/09	47637	SMITH MD CRAIG
		07/23/09	48315	TROCKMAN MD BRETT
		08/07/09	46646	SMITH MD CRAIG
		08/31/09	49076	UNG MD JEAN OU
		09/01/09	49117	UNG MD JEAN OU
		10/13/09	49076	UNG MD JEAN OU
		10/23/09	50696	UNG MD JEAN OU
10/30/09	50874	SMITH MD CRAIG		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60148...	21...	11/02/09	50990	CORNFIELD MD JOEL
		11/03/09	51084	FAKOURI MD BEJAN
		11/11/09	51171	TALLURI MD S
		12/11/09	51856	FISHER MD MARK
		12/23/09	52244	MORAN MD GEORGE G
60148-2985	1	03/12/09	44745	CINEL MD SCOTT
60150	2	06/05/09	31680	RASHID MD MICHAEL A
		12/10/09	22422	BUX MD SAJIT
60151-8721	1	02/13/09	43962	PLANTE MD JOHN
60153	5	01/23/09	42644	LAI MD ROBERT S
		02/02/09	42708	LAI MD ROBERT S
		02/20/09	42644	LAI MD ROBERT S
		12/11/09	51739	BADWAN MD KHALID H
		12/21/09	52414	TOMERA MD FRED
60154	15	01/19/09	41560	ZIMMERMAN MD ROBERT
		02/20/09	41599	KIRSH MD EDWARD
		02/27/09	44422	SEO MD ROBERT M
		03/31/09	45290	MORAN MD GEORGE G
		04/07/09	41599	KIRSH MD EDWARD
		06/03/09	46798	MISUREC MD PETER
		06/23/09	47541	HWANG MD JAY
		07/07/09	46798	MISUREC MD PETER
		08/06/09	48548	BOCKRATH MD JOHN
		08/24/09	49002	CORNFIELD MD JOEL
		08/25/09	48673	HWANG MD JAY
		09/09/09	47657	MILANI DO MICHAEL
		10/19/09	47657	MILANI DO MICHAEL
		11/17/09	43737	KIRSH MD EDWARD
11/18/09	51333	KRITSAS MD JOHN		
60155	2	06/15/09	47176	ZIMMERMAN MD ROBERT
		07/01/09	47176	ZIMMERMAN MD ROBERT
60160	8	01/19/09	43226	ZIMMERMAN MD ROBERT
		01/26/09	43226	ZIMMERMAN MD ROBERT
		02/14/09	20413	SADAH MD ALAN
		06/05/09	46785	SADAH MD ALAN
		07/10/09	47988	LAI MD ROBERT S
		07/23/09	48186	KISIELIUS MD PETRAS

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60160...	8...	09/22/09	49966	TOMERA MD FRED
		11/05/09	1855	TOMERA MD FRED
60162	3	10/19/09	50572	ZIMMERMAN MD ROBERT
		10/26/09	50572	ZIMMERMAN MD ROBERT
		11/19/09	47323	KISIELIUS MD PETRAS
60163	4	04/30/09	46071	KINZLER MD GORDON
		05/18/09	46037	ZIMMERMAN MD ROBERT
		06/01/09	46037	ZIMMERMAN MD ROBERT
		11/05/09	51143	KINZLER MD GORDON
60164	8	01/19/09	43187	ZIMMERMAN MD ROBERT
		02/27/09	24371	CINEL MD SCOTT
		05/29/09	9626	LENTING MD ERIC
		07/14/09	48049	LAI MD ROBERT S
		08/24/09	48912	BADWAN MD KHALID H
		12/03/09	21693	KISIELIUS MD PETRAS
		12/07/09	51950	TOMERA MD FRED
		12/10/09	21693	KISIELIUS MD PETRAS
60169	1	02/17/09	18199	SCHUSTER MD GEORGE
60171	6	01/28/09	43440	ZIMMERMAN MD ROBERT
		02/02/09	43630	LAI MD ROBERT S
		02/16/09	43884	BADWAN MD KHALID H
		02/23/09	43440	ZIMMERMAN MD ROBERT
		03/09/09	43440	ZIMMERMAN MD ROBERT
		04/13/09	43440	ZIMMERMAN MD ROBERT
60172	9	01/12/09	42155	MERRICK MD PAUL
		01/16/09	23747	SMITH MD CRAIG
		02/20/09	23747	SMITH MD CRAIG
		02/26/09	3094	CINEL MD SCOTT
		06/18/09	47120	MERRICK MD PAUL
		06/19/09	21856	SEO MD ROBERT M
		10/15/09	50609	TOMERA MD FRED
		12/16/09	19277	SMITH MD CRAIG
		12/28/09	52481	KOLBUSZ MD WILLIAM
60172-1808	2	01/14/09	43211	TALLURI MD S
		01/23/09	43211	TALLURI MD S
60173	1	01/30/09	43147	CINEL MD SCOTT
60174	37	01/08/09	42965	SMITH MD CORNELIUS

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60174...	37...	01/23/09	21415	LENTING MD ERIC
			43028	LENTING MD ERIC
		01/30/09	43462	LENTING MD ERIC
		02/05/09	21415	RASHID MD MICHAEL A
			43795	RASHID MD MICHAEL A
		02/06/09	42971	MERRICK MD PAUL
		02/24/09	43915	MERRICK MD PAUL
		03/27/09	45192	PLANTE MD JOHN
		03/31/09	21415	RASHID MD MICHAEL A
		04/10/09	45507	STEINBERG MD ABRAHAM
		04/24/09	45857	RASHID MD MICHAEL A
		05/15/09	46379	LENTING MD ERIC
			46525	LENTING MD ERIC
		05/19/09	18228	STEINBERG MD ABRAHAM
		05/22/09	21954	PLANTE MD JOHN
		05/27/09	46745	STEINBERG MD ABRAHAM
		06/05/09	36824	RASHID MD MICHAEL A
		06/26/09	46965	PLANTE MD JOHN
		07/10/09	47868	LENTING MD ERIC
		07/24/09	48252	RASHID MD MICHAEL A
			48253	RASHID MD MICHAEL A
		07/31/09	48378	LENTING MD ERIC
		08/06/09	47856	CHALLENGER MD ROBER
		08/14/09	36824	RASHID MD MICHAEL A
		08/20/09	48758	NUZZARELLO MD JOSEPH
		08/21/09	48943	PLANTE MD JOHN
		08/28/09	49153	CHRISTENSEN MD JOHN
		09/11/09	48758	CHALLENGER MD ROBER
		09/25/09	36824	PLANTE MD JOHN
		09/30/09	50052	GIBLIN MD JAMES
		10/16/09	20095	LENTING MD ERIC
		11/06/09	51218	LENTING MD ERIC
		11/23/09	51218	LENTING MD ERIC
12/04/09	51795	LENTING MD ERIC		
12/18/09	52326	LENTING MD ERIC		
	52337	CHRISTENSEN MD JOHN		
60174-4120	1	09/30/09	50087	STEINBERG MD ABRAHAM

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name	
60174-8646	3	06/12/09	47111	CHRISTENSEN MD JOHN	
		06/26/09	47111	PLANTE MD JOHN	
		07/24/09	47111	RASHID MD MICHAEL A	
60175	19	01/13/09	43067	RASHID MD MICHAEL A	
		01/15/09	43163	STEINBERG MD ABRAHAM	
		01/22/09	43292	CHALLENGER MD ROBER	
		04/03/09	45127	LENTING MD ERIC	
		05/12/09	46229	STEINBERG MD ABRAHAM	
		06/05/09	46905	RASHID MD MICHAEL A	
		07/17/09	47544	PLANTE MD JOHN	
		08/21/09	48856	PLANTE MD JOHN	
		09/18/09	17217	LENTING MD ERIC	
		10/09/09	49536	CHRISTENSEN MD JOHN	
		10/15/09	50465	NUZZARELLO MD JOSEPH	
		10/30/09	50793	RASHID MD MICHAEL A	
		11/12/09	51184	TROCKMAN MD BRETT	
		11/20/09	51494	51572	RASHID MD MICHAEL A
				50793	LENTING MD ERIC
		12/10/09	50465	GIBLIN MD JAMES	
12/11/09	12150	RASHID MD MICHAEL A			
12/18/09	52113	CHRISTENSEN MD JOHN			
60175-8359	1	07/17/09	48099	PLANTE MD JOHN	
60176	1	10/27/09	50883	MORAN MD GEORGE G	
60177	15	02/17/09	44070	BADWAN MD KHALID H	
		03/20/09	41643	CHRISTENSEN MD JOHN	
			45023	CHRISTENSEN MD JOHN	
		04/02/09	44684	TROCKMAN MD BRETT	
		04/16/09	44684	GIBLIN MD JAMES	
		04/17/09	45023	CHRISTENSEN MD JOHN	
		05/08/09	46306	RASHID MD MICHAEL A	
		05/28/09	44684	TROCKMAN MD BRETT	
		06/12/09	47170	WEST MD PAUL	
		06/19/09	47459	LENTING MD ERIC	
		09/03/09	49238	NUZZARELLO MD JOSEPH	
10/16/09	47459	LENTING MD ERIC			
11/06/09	51103	LENTING MD ERIC			

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60177...	15...	12/04/09	23091	LENTING MD ERIC
		12/11/09	51827	RASHID MD MICHAEL A
60178	16	01/07/09	42859	BURSTEIN MD JAY D
		01/08/09	42685	AGHA MD ARIF
		01/30/09	43382	BURSTEIN MD JAY D
		04/10/09	45413	BURSTEIN MD JAY D
		04/22/09	45761	BUX MD SAJIT
		06/12/09	46462	CHRISTENSEN MD JOHN
		07/01/09	47450	BURSTEIN MD JAY D
		07/27/09	48447	BUX MD SAJIT
		08/06/09	48448	BUX MD SAJIT
		08/14/09	46462	RASHID MD MICHAEL A
		09/23/09	49357	BUX MD SAJIT
		10/12/09	50450	BUX MD SAJIT
		10/22/09	41637	BUX MD SAJIT
			50704	BUX MD SAJIT
60181	21	12/04/09	51738	LENTING MD ERIC
		12/08/09	51900	BURSTEIN MD JAY D
		01/08/09	42943	HWANG MD JAY
		01/22/09	42943	HWANG MD JAY
		01/30/09	43414	CINEL MD SCOTT
		02/26/09	44073	KISIELIUS MD PETRAS
		03/20/09	43414	CINEL MD SCOTT
		04/02/09	45297	CORNFIELD MD JOEL
		05/29/09	43414	CINEL MD SCOTT
		06/03/09	25180	TALLURI MD S
		06/05/09	43414	CINEL MD SCOTT
		06/26/09	47489	CINEL MD SCOTT
		08/14/09	49001	KISIELIUS MD PETRAS
		08/19/09	49005	BADWAN MD KHALID H
09/09/09	49595	KINZLER MD GORDON		
09/15/09	49001	KISIELIUS MD PETRAS		
09/24/09	50033	KINZLER MD GORDON		
10/16/09	50673	LAI MD ROBERT S		
10/26/09	50033	KINZLER MD GORDON		
11/19/09	51422	LYON MD PAUL		
12/22/09	51919	KISIELIUS MD PETRAS		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60181...	21...	12/23/09	51664	BADWAN MD KHALID H
			52233	BADWAN MD KHALID H
60184	5	02/05/09	43584	TROCKMAN MD BRETT
		05/01/09	46049	CHRISTENSEN MD JOHN
		06/19/09	46796	LENTING MD ERIC
		11/06/09	51104	LENTING MD ERIC
		12/14/09	52104	CORNFIELD MD JOEL
60185	22	01/09/09	41528	RASHID MD MICHAEL A
		01/23/09	43158	SMITH MD CRAIG
		02/05/09	43594	TROCKMAN MD BRETT
		02/24/09	44242	CHALLENGER MD ROBER
		04/08/09	9054	KUCERA MD JOSEPH
		04/10/09	45541	SMITH MD CRAIG
		04/30/09	43594	CHALLENGER MD ROBER
		05/15/09	46488	LENTING MD ERIC
		05/28/09	46450	TROCKMAN MD BRETT
		05/29/09	46747	LENTING MD ERIC
		06/09/09	9054	KUCERA MD JOSEPH
			46314	UNG MD JEAN OU
		06/23/09	45231	UNG MD JEAN OU
		06/25/09	47035	NUZZARELLO MD JOSEPH
		07/09/09	47497	CHALLENGER MD ROBER
		08/07/09	33759	PLANTE MD JOHN
		08/26/09	48485	OH MD JOSEPH
		09/03/09	49386	NUZZARELLO MD JOSEPH
		10/16/09	50695	LENTING MD ERIC
		11/12/09	51189	TROCKMAN MD BRETT
11/13/09	51353	TALLURI MD S		
12/18/09	52297	CHRISTENSEN MD JOHN		
60187	25	01/16/09	43159	RASHID MD MICHAEL A
		02/11/09	8875	SMITH MD CRAIG
		03/19/09	44687	CHALLENGER MD ROBER
		03/20/09	8875	SMITH MD CRAIG
			29146	CHRISTENSEN MD JOHN
		04/10/09	21757	SEO MD ROBERT M
		04/16/09	44687	GIBLIN MD JAMES
45499	GIBLIN MD JAMES			



## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60187...	25...	04/17/09	45577	CHRISTENSEN MD JOHN
		05/20/09	45248	OH MD JOSEPH
		05/28/09	16992	TROCKMAN MD BRETT
		06/17/09	22035	GIBLIN MD JAMES
		06/30/09	37766	CHRISTENSEN MD JOHN
			29493	MERRICK MD PAUL
		07/16/09	47062	LISEK MD ERNST
			48218	KRENGEL MD SAMUEL
		08/05/09	49743	OH MD JOSEPH
		09/16/09	7623	TROCKMAN MD BRETT
			49831	TROCKMAN MD BRETT
		09/17/09	49968	FISHER MD MARK
		09/25/09	1427	MERRICK MD PAUL
		10/22/09	45577	RASHID MD MICHAEL A
		10/30/09	51961	GIBLIN MD JAMES
		12/10/09	52277	CHALLENGER MD ROBER
		12/24/09	52544	KOLBUSZ MD WILLIAM
12/29/09				
60188	25	01/16/09	43239	RASHID MD MICHAEL A
		01/30/09	43592	LENTING MD ERIC
		02/20/09	43580	CHRISTENSEN MD JOHN
		05/14/09	46117	CHALLENGER MD ROBER
		05/22/09	43580	PLANTE MD JOHN
		05/29/09	42574	LENTING MD ERIC
		06/11/09	47001	GIBLIN MD JAMES
		06/25/09	47055	NUZZARELLO MD JOSEPH
			47110	NUZZARELLO MD JOSEPH
		06/26/09	47498	SMITH MD CRAIG
			47624	SMITH MD CRAIG
		07/10/09	47468	SMITH MD CRAIG
		07/17/09	47682	SMITH MD CRAIG
			47956	PLANTE MD JOHN
		07/22/09	47468	SMITH MD CRAIG
		09/01/09	49023	LISEK MD ERNST
		09/04/09	49303	RASHID MD MICHAEL A
			49353	LISEK MD ERNST
		09/17/09	49591	KINZLER MD GORDON
10/02/09	50181	CHRISTENSEN MD JOHN		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60188...	25...	10/02/09...	50181...	RASHID MD MICHAEL A
		10/29/09	50892	CHALLENGER MD ROBER
		11/06/09	50181	CHRISTENSEN MD JOHN
				LENTING MD ERIC
		11/27/09	11584	CHALLENGER MD ROBER
		12/22/09	50181	CHRISTENSEN MD JOHN
12/24/09	47055	CHALLENGER MD ROBER		
60189	14	01/08/09	42531	NUZZARELLO MD JOSEPH
			42913	NUZZARELLO MD JOSEPH
		01/16/09	42344	PLANTE MD JOHN
		04/22/09	45671	BADWAN MD KHALID H
		04/30/09	45964	CHALLENGER MD ROBER
			45968	CHALLENGER MD ROBER
		06/12/09	47155	CHRISTENSEN MD JOHN
		07/23/09	15291	HWANG MD JAY
		08/17/09	48933	WEST MD PAUL
		09/01/09	48933	WEST MD PAUL
		09/02/09	49166	TALLURI MD S
		09/04/09	28921	RASHID MD MICHAEL A
		09/30/09	49941	GIBLIN MD JAMES
		11/13/09	51106	SMITH MD CRAIG
60189-7651	1	05/21/09	36917	MERRICK MD PAUL
60190	8	01/09/09	42961	SMITH MD CRAIG
		02/05/09	43615	TROCKMAN MD BRETT
		04/30/09	12997	CHALLENGER MD ROBER
		07/09/09	47745	CHALLENGER MD ROBER
		10/15/09	50519	NUZZARELLO MD JOSEPH
		11/12/09	50343	TROCKMAN MD BRETT
		11/19/09	51162	CHALLENGER MD ROBER
		12/07/09	50820	KRENGEL MD SAMUEL
60191	4	03/12/09	44705	CINEL MD SCOTT
		03/17/09	44668	KISIELIUS MD PETRAS
		04/08/09	44668	KISIELIUS MD PETRAS
		11/04/09	51024	BADWAN MD KHALID H
60193	4	02/27/09	9532	BURSTEIN MD JAY D
		03/02/09	44444	TALLURI MD S
		04/06/09	44444	TALLURI MD S

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60193...	4...	12/17/09	51966	SCHUSTER MD GEORGE
60207	1	06/15/09	5103	ZIMMERMAN MD ROBERT
60302	15	07/10/09	23865	SADAH MD ALAN
		07/15/09	40722	ZIMMERMAN MD ROBERT
		07/27/09	48459	BADWAN MD KHALID H
		09/10/09	49654	ZIMMERMAN MD ROBERT
		09/14/09	40722	ZIMMERMAN MD ROBERT
			49654	ZIMMERMAN MD ROBERT
		09/28/09	40722	LEYLAND II MD JOHN T
			49908	LEYLAND II MD JOHN T
		10/12/09	49654	ZIMMERMAN MD ROBERT
		10/26/09	49908	LEYLAND II MD JOHN T
		10/28/09	49654	ZIMMERMAN MD ROBERT
		11/02/09	11339	ZIMMERMAN MD ROBERT
		11/09/09	49654	ZIMMERMAN MD ROBERT
		11/16/09	11339	LEYLAND II MD JOHN T
		12/23/09	52412	ZIMMERMAN MD ROBERT
60304	14	01/26/09	43384	ZIMMERMAN MD ROBERT
		02/11/09	43384	ZIMMERMAN MD ROBERT
		02/28/09	44460	SOSENKO MD GEORGE
		03/02/09	43384	ZIMMERMAN MD ROBERT
			44495	ZIMMERMAN MD ROBERT
		03/09/09	43384	LEYLAND II MD JOHN T
			44495	ZIMMERMAN MD ROBERT
			44582	ZIMMERMAN MD ROBERT
		03/30/09	43384	ZIMMERMAN MD ROBERT
		04/11/09	45594	SADAH MD ALAN
		05/01/09	46053	ZIMMERMAN MD ROBERT
		05/18/09	33370	ZIMMERMAN MD ROBERT
07/06/09	47829	LEYLAND II MD JOHN T		
08/25/09	1341	KIRSH MD EDWARD		
60305	8	03/16/09	44677	ZIMMERMAN MD ROBERT
		04/06/09	4728	ZIMMERMAN MD ROBERT
			44677	ZIMMERMAN MD ROBERT
		09/23/09	49983	ZIMMERMAN MD ROBERT
		09/25/09	50068	TOMERA MD FRED
		10/07/09	49983	LEYLAND II MD JOHN T

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60305...	8...	10/28/09	49983	ZIMMERMAN MD ROBERT
		12/07/09	51582	ZIMMERMAN MD ROBERT
60308	3	06/24/09	47360	KUCERA MD JOSEPH
		07/22/09	47360	KUCERA MD JOSEPH
		11/18/09	47360	KUCERA MD JOSEPH
60401	1	09/02/09	48586	KIM MD JAE
60402	55	01/13/09	1798	KIRSH MD EDWARD
			42311	KIRSH MD EDWARD
			42705	KIRSH MD EDWARD
		01/27/09	42311	KIRSH MD EDWARD
			43475	KIRSH MD EDWARD
		02/06/09	43834	MISUREC MD PETER
		02/10/09	42311	KIRSH MD EDWARD
			43475	KIRSH MD EDWARD
			43838	KIRSH MD EDWARD
		02/16/09	44025	ZIMMERMAN MD ROBERT
		02/25/09	44289	MISUREC MD PETER
		03/02/09	44025	ZIMMERMAN MD ROBERT
		03/10/09	43475	KIRSH MD EDWARD
			43838	KIRSH MD EDWARD
		03/25/09	45107	MISUREC MD PETER
		04/07/09	31972	KIRSH MD EDWARD
			42311	KIRSH MD EDWARD
			43838	KIRSH MD EDWARD
		04/08/09	45498	MISUREC MD PETER
		04/22/09	45107	MISUREC MD PETER
			45529	KUCERA MD JOSEPH
		05/18/09	46471	ZIMMERMAN MD ROBERT
		06/16/09	47014	KIRSH MD EDWARD
		06/23/09	33964	MISUREC MD PETER
			47448	MISUREC MD PETER
		06/24/09	45529	KUCERA MD JOSEPH
			47357	KUCERA MD JOSEPH
07/08/09	19054	MISUREC MD PETER		
07/15/09	33964	MISUREC MD PETER		
	47448	MISUREC MD PETER		
	47357	KUCERA MD JOSEPH		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60402...	55...	07/28/09	1798	KIRSH MD EDWARD
			48305	KIRSH MD EDWARD
		07/29/09	19054	MISUREC MD PETER
		07/30/09	48426	KUCERA MD JOSEPH
		08/04/09	33964	MISUREC MD PETER
		08/11/09	47872	KIRSH MD EDWARD
		08/19/09	47357	KUCERA MD JOSEPH
			48612	KUCERA MD JOSEPH
		08/25/09	27550	KIRSH MD EDWARD
			47872	KIRSH MD EDWARD
		09/09/09	49583	LAND MD SPENCER A
		09/14/09	9442	BADWAN MD KHALID H
		09/17/09	49624	KUCERA MD JOSEPH
		09/22/09	27550	KIRSH MD EDWARD
		09/23/09	47357	KUCERA MD JOSEPH
		10/01/09	50250	LAI MD ROBERT S
		10/05/09	50186	SUNDAR MD B
		11/18/09	47357	KUCERA MD JOSEPH
			51301	KUCERA MD JOSEPH
		11/27/09	51769	LAND MD SPENCER A
12/04/09	51728	LAI MD ROBERT S		
12/08/09	51516	KUCERA MD JOSEPH		
12/15/09	49583	LAND MD SPENCER A		
12/30/09	52494	LAND MD SPENCER A		
60402-1633	1	06/09/09	47043	MISUREC MD PETER
60403	3	04/14/09	45095	BOCKRATH MD JOHN
		06/17/09	47265	SEO MD ROBERT M
		07/09/09	47812	CHALLENGER MD ROBER
60404	3	01/12/09	41828	CORNFIELD MD JOEL
		03/09/09	44637	FAKOURI MD BEJAN
		10/05/09	50285	FAKOURI MD BEJAN
60406	1	12/09/09	51005	KIM MD JAE
60409	3	05/06/09	46091	KIM MD JAE
		05/20/09	46091	KIM MD JAE
		06/08/09	46091	KIM MD JAE
60411	1	11/06/09	26514	DEFRANCO MD JOHN
60415	8	06/12/09	46315	DEFRANCO MD JOHN

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60415...	8...	08/05/09	46315	DEFRANCO MD JOHN
		08/14/09	49013	MILANI DO MICHAEL
		08/27/09	42524	STEINBERG MD JAY
		09/02/09	48490	KIM MD JAE
		10/14/09	48490	DEFRANCO MD JOHN
		11/11/09	48490	KIM MD JAE
			50786	KIM MD JAE
60416	1	04/22/09	44432	AGHA MD ARIF
60423	4	09/18/09	49742	DEFRANCO MD JOHN
		10/14/09	49742	DEFRANCO MD JOHN
		10/16/09	50248	KRENGEL MD SAMUEL
		11/03/09	51053	BONAGURO MD RONALD
60426	1	09/09/09	12138	KIM MD JAE
60429	1	12/09/09	51004	KIM MD JAE
60430	2	03/14/09	44290	KIM MD JAE
		05/16/09	44290	KIM MD JAE
60431	2	04/21/09	44795	KIRSH MD EDWARD
		05/07/09	46252	UNG MD JEAN OU
60432	1	01/23/09	43397	DHINDSA MD AVTAR S
60435	3	03/09/09	44689	FAKOURI MD BEJAN
		07/07/09	47681	FAKOURI MD BEJAN
		07/10/09	41907	SEO MD ROBERT M
60439	10	01/06/09	12513	KUCERA MD JOSEPH
		01/07/09	42968	MISUREC MD PETER
		01/22/09	5020	CORNFIELD MD JOEL
		01/29/09	5048	AGHA MD ARIF
		02/20/09	44162	SMITH MD CRAIG
		03/03/09	44362	KRITSAS MD JOHN
		06/19/09	46846	SEO MD ROBERT M
		07/01/09	47584	BOCKRATH MD JOHN
		12/11/09	52166	SOSENKO MD GEORGE
		12/31/09	5020	CORNFIELD MD JOEL
60440	26	01/20/09	42680	PASCIAK MD ROBERT
		01/27/09	43458	DHINDSA MD AVTAR S
		02/11/09	43600	SEO MD ROBERT M
		04/06/09	15774	DHINDSA MD AVTAR S
		04/20/09	45764	ZIMMERMAN MD ROBERT

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60440...	26...	06/18/09	46751	MERRICK MD PAUL
		06/30/09	36559	DHINDSA MD AVTAR S
		07/02/09	47491	LYON MD PAUL
		07/17/09	25077	SMITH MD CRAIG
		07/21/09	48251	DHINDSA MD AVTAR S
		07/27/09	48264	FAKOURI MD BEJAN
		07/30/09	29796	HWANG MD JAY
		08/04/09	48578	FAKOURI MD BEJAN
		08/13/09	17825	TALLURI MD S
			48723	HWANG MD JAY
		08/18/09	48264	FAKOURI MD BEJAN
		08/24/09	49093	FAKOURI MD BEJAN
		09/09/09	49093	SEO MD ROBERT M
		09/22/09	49016	BOCKRATH MD JOHN
		09/25/09	48578	SEO MD ROBERT M
		10/08/09	42680	PASCIAK MD ROBERT
		10/21/09	50756	DHINDSA MD AVTAR S
		11/06/09	51221	SEO MD ROBERT M
		11/11/09	50980	KUCERA MD JOSEPH
		12/01/09	51221	PASCIAK MD ROBERT
12/15/09	52152	FAKOURI MD BEJAN		
60441	9	01/06/09	42813	KUCERA MD JOSEPH
		02/04/09	43383	DHINDSA MD AVTAR S
			43792	KOLBUSZ MD WILLIAM
		02/24/09	43792	KOLBUSZ MD WILLIAM
		03/10/09	43792	KOLBUSZ MD WILLIAM
		05/04/09	31421	FAKOURI MD BEJAN
		05/19/09	46511	DHINDSA MD AVTAR S
		11/24/09	14860	BOCKRATH MD JOHN
12/17/09	50863	LYON MD PAUL		
60445	1	08/13/09	48779	KUCERA MD JOSEPH
60446	17	02/05/09	43727	SMITH MD CORNELIUS
		02/06/09	43646	SMITH MD CRAIG
		04/10/09	45570	DHINDSA MD AVTAR S
		06/05/09	46565	SEO MD ROBERT M
		06/19/09	46565	SEO MD ROBERT M
		07/16/09	47917	HWANG MD JAY

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60446...	17...	07/21/09	47814	FAKOURI MD BEJAN
		08/12/09	48688	DHINDSA MD AVTAR S
		08/19/09	49010	FAKOURI MD BEJAN
		08/28/09	47814	SEO MD ROBERT M
		09/02/09	49168	DHINDSA MD AVTAR S
		09/03/09	49010	FAKOURI MD BEJAN
		09/08/09	49489	DHINDSA MD AVTAR S
		09/28/09	49168	DHINDSA MD AVTAR S
		10/07/09	50387	MILANI DO MICHAEL
		10/08/09	11666	PASCIAK MD ROBERT
		10/28/09	50818	DHINDSA MD AVTAR S
60446-5282	2	04/01/09	45335	AGHA MD ARIF
		08/18/09	45335	AGHA MD ARIF
60447	1	05/19/09	46286	KIRSH MD EDWARD
60448	6	05/04/09	46136	ZUMERCHIK MD DAVID
		05/20/09	8648	KIM MD JAE
		06/17/09	34913	KUCERA MD JOSEPH
		07/01/09	47341	DEFRANCO MD JOHN
		07/20/09	26934	KIM MD JAE
		11/06/09	51123	DEFRANCO MD JOHN
60450	1	06/05/09	46689	AGHA MD ARIF
60451	2	08/10/09	48568	KIM MD JAE
		11/13/09	51190	HOYME MD KERMIT
60451-3614	2	06/24/09	47566	KIM MD JAE
		07/18/09	47566	KIM MD JAE
60452	7	01/22/09	15710	FAKOURI MD BEJAN
		03/28/09	44390	KIM MD JAE
		05/27/09	46803	DEFRANCO MD JOHN
		06/12/09	47160	HOYME MD KERMIT
		07/08/09	47783	HOYME MD KERMIT
		07/17/09	41131	WOHLBERG MD F
		07/31/09	46803	DEFRANCO MD JOHN
60453	14	01/12/09	42970	NOLD MD STEPHEN
		01/17/09	28883	KIM MD JAE
		02/20/09	44119	KUCERA MD JOSEPH
		03/18/09	19605	DEFRANCO MD JOHN
		03/25/09	44119	KUCERA MD JOSEPH



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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60453...	14...	04/03/09	8610	MISUREC MD PETER
		05/06/09	44119	KUCERA MD JOSEPH
		05/18/09	46553	ZUMERCHIK MD DAVID
		07/08/09	47825	HOYME MD KERMIT
		08/14/09	47753	HOYME MD KERMIT
		10/07/09	44119	KUCERA MD JOSEPH
		11/24/09	28785	BONAGURO MD RONALD
		12/09/09	51792	KIM MD JAE
		12/14/09	51802	NOLD MD STEPHEN
60455	7	01/13/09	42721	KIRSH MD EDWARD
		01/14/09	42163	KRENGEL MD SAMUEL
		01/16/09	43253	PASCIAK MD ROBERT
		02/03/09	43253	PASCIAK MD ROBERT
			43734	MISUREC MD PETER
		03/11/09	44565	KUCERA MD JOSEPH
10/21/09	50570	DEFRANCO MD JOHN		
60456	1	09/30/09	7761	DEFRANCO MD JOHN
60457	3	04/21/09	40817	KIRSH MD EDWARD
		05/20/09	46419	MILANI DO MICHAEL
		05/27/09	46740	KUCERA MD JOSEPH
60458	3	04/15/09	45087	LYON MD PAUL
		11/11/09	50785	KIM MD JAE
		12/09/09	51801	NOLD MD STEPHEN
60459	15	01/30/09	43347	MORAN MD GEORGE G
		03/10/09	20077	KIRSH MD EDWARD
			44176	KIRSH MD EDWARD
		03/28/09	44805	KIM MD JAE
		04/01/09	45258	SUNDAR MD B
		04/07/09	45111	KIRSH MD EDWARD
		04/21/09	44176	KIRSH MD EDWARD
			45111	KIRSH MD EDWARD
		04/28/09	45792	BERGER MD AARON
		05/12/09	45634	BONAGURO MD RONALD
		05/19/09	44176	KIRSH MD EDWARD
		09/25/09	49722	SUNDAR MD B
		10/13/09	3741	MORAN MD GEORGE G
10/14/09	50482	DEFRANCO MD JOHN		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60459...	15...	10/27/09	45634	BONAGURO MD RONALD
60462	7	01/21/09	43280	KIM MD JAE
		06/09/09	46756	BONAGURO MD RONALD
		07/07/09	47775	NOLD MD STEPHEN
		09/08/09	48939	KIRSH MD EDWARD
		11/06/09	49698	BONAGURO MD RONALD
		12/08/09	50912	FAKOURI MD BEJAN
		12/16/09	52138	KUCERA MD JOSEPH
60463	4	01/29/09	42828	STEINBERG MD JAY
		02/26/09	42828	STEINBERG MD JAY
		05/21/09	45879	BOCKRATH MD JOHN
		08/03/09	26742	KIM MD JAE
60464	2	09/16/09	49813	SOSENKO MD GEORGE
		10/02/09	49915	DEFRANCO MD JOHN
60465	8	01/08/09	42361	CINEL MD SCOTT
		07/15/09	29401	MISUREC MD PETER
		08/04/09	29401	MISUREC MD PETER
		08/26/09	29401	MISUREC MD PETER
		09/16/09	29401	MISUREC MD PETER
		09/18/09	49719	DEFRANCO MD JOHN
		10/29/09	50778	WILL MD THOMAS
60467	3	12/29/09	4512	KIRSH MD EDWARD
		10/27/09	49999	BERGER MD AARON
		11/04/09	39639	KRENGEL MD SAMUEL
		11/10/09	49999	BERGER MD AARON
60468	1	01/27/09	42623	KRITSAS MD JOHN
60475	2	09/23/09	49974	KIM MD JAE
		11/11/09	49974	KIM MD JAE
60477	2	07/29/09	47717	KIM MD JAE
		10/27/09	50742	LAI MD ROBERT S
60478	1	06/22/09	19612	ZIMMERMAN MD ROBERT
60480	6	02/17/09	43877	FAKOURI MD BEJAN
		05/29/09	46723	SEO MD ROBERT M
		07/07/09	47685	MORAN MD GEORGE G
		07/14/09	47855	KRITSAS MD JOHN
		07/31/09	48018	MORAN MD GEORGE G
		10/23/09	50759	WILL MD THOMAS

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60480-1518	1	02/17/09	18553	SEO MD ROBERT M
60482	1	03/31/09	41185	STEINBERG MD JAY
60487	4	01/17/09	42576	KIM MD JAE
		03/25/09	44933	HOYME MD KERMIT
		05/08/09	45929	HOYME MD KERMIT
		09/14/09	49194	DHINDSA MD AVTAR S
60490	14	01/20/09	42662	FAKOURI MD BEJAN
				LYON MD PAUL
		02/11/09	42662	LYON MD PAUL
		03/27/09	45202	DHINDSA MD AVTAR S
		04/10/09	45558	SMITH MD CRAIG
		05/22/09	46382	PASCIAC MD ROBERT
		06/16/09	33868	DHINDSA MD AVTAR S
		07/02/09	47669	LYON MD PAUL
		07/10/09	47420	UNG MD JEAN OU
		08/12/09	33868	DHINDSA MD AVTAR S
			48894	BOCKRATH MD JOHN
		09/08/09	45202	DHINDSA MD AVTAR S
		09/29/09	50127	PASCIAC MD ROBERT
		11/06/09	51117	SEO MD ROBERT M
12/15/09	52126	FAKOURI MD BEJAN		
60491	3	01/15/09	43164	KRENGEL MD SAMUEL
		07/15/09	48066	DEFRANCO MD JOHN
		11/13/09	43164	CORNFIELD MD JOEL
60501	11	01/27/09	43356	KRITSAS MD JOHN
		03/17/09	14814	KUCERA MD JOSEPH
		04/08/09	14814	KUCERA MD JOSEPH
		05/19/09	46603	MISUREC MD PETER
		06/03/09	46603	MISUREC MD PETER
		07/08/09	46603	MISUREC MD PETER
		08/07/09	46603	MISUREC MD PETER
		10/07/09	50305	KUCERA MD JOSEPH
		12/23/09	14814	KIRSH MD EDWARD
		12/29/09	14814	KIRSH MD EDWARD
		12/30/09	52531	MISUREC MD PETER
60502	7	01/20/09	42179	FAKOURI MD BEJAN
		02/02/09	43532	STEINBERG MD ABRAHAM

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60502...	7...	02/06/09	43235	SMITH MD CRAIG
		05/26/09	46572	SEO MD ROBERT M
		07/10/09	47826	LENTING MD ERIC
		10/12/09	50236	ZIMMERMAN MD ROBERT
		10/20/09	50718	FAKOURI MD BEJAN
60503	6	03/27/09	44145	FAKOURI MD BEJAN
		04/07/09	45421	UNG MD JEAN OU
		06/17/09	47312	SEO MD ROBERT M
		07/29/09	47312	SEO MD ROBERT M
		08/14/09	48851	RASHID MD MICHAEL A
		09/25/09	48851	PLANTE MD JOHN
60504	15	01/16/09	43275	SMITH MD CRAIG
		02/13/09	37672	UNG MD JEAN OU
		02/27/09	37672	UNG MD JEAN OU
		03/24/09	44768	SEO MD ROBERT M
		05/01/09	45759	CHRISTENSEN MD JOHN
		05/08/09	46186	RASHID MD MICHAEL A
		07/10/09	47861	LENTING MD ERIC
		07/17/09	22405	PLANTE MD JOHN
		07/22/09	48233	STEINBERG MD ABRAHAM
		07/24/09	48235	RASHID MD MICHAEL A
		08/07/09	47861	PLANTE MD JOHN
		09/18/09	47861	LENTING MD ERIC
		10/16/09	50578	LENTING MD ERIC
		12/18/09	51328	CHRISTENSEN MD JOHN
			52295	LENTING MD ERIC
60504-5339	1	02/19/09	43847	GIBLIN MD JAMES
60505	16	01/09/09	39463	RASHID MD MICHAEL A
		01/12/09	42910	STEINBERG MD ABRAHAM
		03/06/09	44501	RASHID MD MICHAEL A
		03/13/09	23555	LENTING MD ERIC
			44531	LENTING MD ERIC
		03/23/09	44870	HALEEM MD AZEEM
		05/08/09	46187	RASHID MD MICHAEL A
		05/15/09	15833	LENTING MD ERIC
		06/12/09	26504	CHRISTENSEN MD JOHN
		08/04/09	8136	STEINBERG MD ABRAHAM

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60505...	16...	08/07/09	48614	PLANTE MD JOHN
		08/14/09	48917	RASHID MD MICHAEL A
		09/24/09	50062	LENTING MD ERIC
		10/02/09	48917	RASHID MD MICHAEL A
		10/16/09	50614	LENTING MD ERIC
		12/08/09	51938	SMITH MD CORNELIUS
60506	28	02/13/09	4214	PLANTE MD JOHN
		02/27/09	41714	LENTING MD ERIC
		03/06/09	11122	RASHID MD MICHAEL A
		04/08/09	26648	OH MD JOSEPH
		04/24/09	4214	RASHID MD MICHAEL A
		06/19/09	1504	LENTING MD ERIC
			38990	LENTING MD ERIC
			46870	LENTING MD ERIC
		06/26/09	4214	PLANTE MD JOHN
		07/17/09	48193	PLANTE MD JOHN
		08/07/09	10486	PLANTE MD JOHN
		08/14/09	48193	RASHID MD MICHAEL A
			48804	RASHID MD MICHAEL A
			48886	RASHID MD MICHAEL A
		09/04/09	48193	RASHID MD MICHAEL A
		09/17/09	48193	LENTING MD ERIC
		09/25/09	38990	PLANTE MD JOHN
		10/02/09	50143	RASHID MD MICHAEL A
		10/09/09	50356	CHRISTENSEN MD JOHN
			50461	CHRISTENSEN MD JOHN
10/16/09	50582	LENTING MD ERIC		
10/20/09	49176	KISIELIUS MD PETRAS		
10/23/09	50744	PLANTE MD JOHN		
10/30/09	50356	RASHID MD MICHAEL A		
11/12/09	49176	KISIELIUS MD PETRAS		
11/20/09	10486	RASHID MD MICHAEL A		
12/04/09	50356	LENTING MD ERIC		
12/18/09	50356	LENTING MD ERIC		
60507	1	08/07/09	48879	PLANTE MD JOHN
60508	1	09/30/09	49845	GIBLIN MD JAMES
60510	24	01/23/09	43463	LENTING MD ERIC

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60510...	24...	02/05/09	43573	TROCKMAN MD BRETT
		02/13/09	43836	PLANTE MD JOHN
		02/27/09	44280	LENTING MD ERIC
		03/20/09	40460	CHRISTENSEN MD JOHN
		04/07/09	45433	UNG MD JEAN OU
		04/17/09	44280	CHRISTENSEN MD JOHN
		05/08/09	46190	RASHID MD MICHAEL A
		05/15/09	32599	LENTING MD ERIC
		06/19/09	47338	LENTING MD ERIC
		07/17/09	47647	PLANTE MD JOHN
		07/31/09	48510	LENTING MD ERIC
		08/07/09	48479	PLANTE MD JOHN
		08/14/09	48377	RASHID MD MICHAEL A
		08/21/09	48271	PLANTE MD JOHN
		08/28/09	21014	CHRISTENSEN MD JOHN
		09/01/09	49373	FAKOURI MD BEJAN
		09/04/09	48756	RASHID MD MICHAEL A
		10/02/09	47647	RASHID MD MICHAEL A
		10/19/09	50566	STEINBERG MD ABRAHAM
		11/06/09	32599	LENTING MD ERIC
11/20/09	51600	RASHID MD MICHAEL A		
12/22/09	48479	CHRISTENSEN MD JOHN		
		52385	CHRISTENSEN MD JOHN	
60511	3	03/20/09	27400	CHRISTENSEN MD JOHN
		08/13/09	48497	STEINBERG MD ABRAHAM
		11/02/09	48497	STEINBERG MD ABRAHAM
60513	24	01/12/09	39345	CORNFIELD MD JOEL
		01/13/09	42692	KIRSH MD EDWARD
			42967	KIRSH MD EDWARD
		01/19/09	42837	CORNFIELD MD JOEL
		01/27/09	42692	KIRSH MD EDWARD
		02/10/09	43949	KIRSH MD EDWARD
		02/16/09	44033	CORNFIELD MD JOEL
		02/26/09	44391	KUCERA MD JOSEPH
		03/03/09	43585	MORAN MD GEORGE G
		03/05/09	44033	CORNFIELD MD JOEL
03/18/09	44809	WEST MD PAUL		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60513...	24...	03/20/09	44403	HWANG MD JAY
		03/26/09	45031	CORNFIELD MD JOEL
		06/16/09	46990	KIRSH MD EDWARD
		06/24/09	47226	MISUREC MD PETER
		07/02/09	47460	MORAN MD GEORGE G
		07/14/09	46990	KIRSH MD EDWARD
		08/19/09	27922	MISUREC MD PETER
		10/09/09	50480	MISUREC MD PETER
		10/27/09	50480	MISUREC MD PETER
		10/29/09	50789	FAKOURI MD BEJAN
		11/17/09	40044	KIRSH MD EDWARD
		12/14/09	52174	LYON MD PAUL
		12/15/09	40044	KIRSH MD EDWARD
60514	9	01/08/09	43024	HWANG MD JAY
		02/18/09	43683	KRENGEL MD SAMUEL
		03/30/09	45329	CORNFIELD MD JOEL
		05/26/09	46784	WEST MD PAUL
		06/17/09	47254	KRENGEL MD SAMUEL
		07/24/09	48368	PASCIAK MD ROBERT
		09/08/09	49541	KRITSAS MD JOHN
		11/17/09	49541	KRITSAS MD JOHN
		11/27/09	29523	SOSENKO MD GEORGE
60515	22	01/20/09	43308	MORAN MD GEORGE G
		02/20/09	43605	SMITH MD CRAIG
			43975	SMITH MD CRAIG
		06/18/09	47379	KRENGEL MD SAMUEL
		07/01/09	47766	KOLBUSZ MD WILLIAM
		07/07/09	47703	KRITSAS MD JOHN
		07/15/09	48048	WEST MD PAUL
		08/10/09	48789	KHANDPARKER MD V
		08/11/09	48725	UNG MD JEAN OU
		08/21/09	17083	UNG MD JEAN OU
			20444	FAKOURI MD BEJAN
		08/31/09	48918	UNG MD JEAN OU
		09/03/09	49390	NUZZARELLO MD JOSEPH
		09/16/09	47703	KRITSAS MD JOHN
09/29/09	50061	PASCIAK MD ROBERT		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60515...	22...	10/13/09	20444	SEO MD ROBERT M
		10/15/09	49390	NUZZARELLO MD JOSEPH
			50391	FAKOURI MD BEJAN
			50608	FAKOURI MD BEJAN
		12/02/09	51659	WEST MD PAUL
		12/04/09	6000	KRITSAS MD JOHN
		12/31/09	52227	UNG MD JEAN OU
60516	30	01/17/09	43116	UNG MD JEAN OU
		01/21/09	43289	KRITSAS MD JOHN
		01/26/09	42934	MERRICK MD PAUL
		02/05/09	43521	KOLBUSZ MD WILLIAM
		02/18/09	44148	SOSENKO MD GEORGE
		02/20/09	8285	SMITH MD CRAIG
		03/02/09	44010	CORNFIELD MD JOEL
		03/12/09	44148	SOSENKO MD GEORGE
		03/26/09	45117	LYON MD PAUL
		04/07/09	44148	SOSENKO MD GEORGE
		04/24/09	20696	SMITH MD CRAIG
		05/06/09	45446	KRENGEL MD SAMUEL
		05/12/09	44148	SOSENKO MD GEORGE
		05/18/09	46388	CORNFIELD MD JOEL
		05/29/09	46653	LISEK MD ERNST
		06/02/09	46872	MORAN MD GEORGE G
		06/12/09	47271	WEST MD PAUL
		06/19/09	46841	PASCIAK MD ROBERT
		06/29/09	47675	FAKOURI MD BEJAN
		07/22/09	48282	SMITH MD CRAIG
		07/28/09	48481	LISEK MD ERNST
		08/17/09	11562	SOSENKO MD GEORGE
		08/26/09	18528	KRENGEL MD SAMUEL
		09/25/09	50008	TALLURI MD S
09/30/09	50008	TALLURI MD S		
11/04/09	50822	KRENGEL MD SAMUEL		
12/03/09	51413	MERRICK MD PAUL		
12/16/09	50822	KRENGEL MD SAMUEL		
	52182	KRENGEL MD SAMUEL		
12/18/09	52119	LAI MD ROBERT S		



## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60517	28	01/09/09	2014	SEO MD ROBERT M
		01/23/09	43348	TALLURI MD S
		02/05/09	42025	TROCKMAN MD BRETT
			43499	BOCKRATH MD JOHN
		02/20/09	2014	SEO MD ROBERT M
			44155	KIRSH MD EDWARD
		04/20/09	45762	FAKOURI MD BEJAN
		05/12/09	48172	DHINDSA MD AVTAR S
		06/03/09	46404	KRENGEL MD SAMUEL
		06/04/09	46721	KOLBUSZ MD WILLIAM
		06/18/09	46721	KOLBUSZ MD WILLIAM
		06/24/09	25613	LYON MD PAUL
		06/30/09	46721	KOLBUSZ MD WILLIAM
		07/15/09	46721	KOLBUSZ MD WILLIAM
		07/31/09	46721	KOLBUSZ MD WILLIAM
		08/13/09	46721	KOLBUSZ MD WILLIAM
		08/27/09	46721	KOLBUSZ MD WILLIAM
		09/09/09	46721	KOLBUSZ MD WILLIAM
		09/23/09	46721	KOLBUSZ MD WILLIAM
		10/07/09	50333	KRENGEL MD SAMUEL
		10/21/09	46172	DHINDSA MD AVTAR S
		11/11/09	51125	WEST MD PAUL
		11/12/09	51232	TROCKMAN MD BRETT
12/04/09	51831	PASCIAK MD ROBERT		
12/07/09	51653	UNG MD JEAN OU		
12/10/09	10907	CORNFIELD MD JOEL		
12/14/09	51927	LYON MD PAUL		
12/30/09	10907	CORNFIELD MD JOEL		
60518	1	03/20/09	44921	CHRISTENSEN MD JOHN
60519	2	02/13/09	30323	PLANTE MD JOHN
		10/09/09	30323	CHRISTENSEN MD JOHN
60521	28	01/03/09	1928	SMITH MD CRAIG
		01/16/09	1928	SMITH MD CRAIG
		01/20/09	41460	PASCIAK MD ROBERT
		02/14/09	43686	MORAN MD GEORGE G
		02/28/09	44514	HWANG MD JAY
		03/03/09	43167	KRITSAS MD JOHN

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60521...	28...	03/05/09	44051	HWANG MD JAY
		03/18/09	44532	HWANG MD JAY
			44536	KRITSAS MD JOHN
		04/02/09	44514	HWANG MD JAY
			45232	CORNFIELD MD JOEL
		04/09/09	45232	CORNFIELD MD JOEL
		04/16/09	37889	HWANG MD JAY
			45210	CORNFIELD MD JOEL
		05/05/09	41223	KRITSAS MD JOHN
		06/02/09	46927	MORAN MD GEORGE G
		06/18/09	46927	MORAN MD GEORGE G
		07/07/09	47646	KRITSAS MD JOHN
		07/22/09	48152	KRENGEL MD SAMUEL
		07/29/09	11578	KRENGEL MD SAMUEL
		08/18/09	48969	KRITSAS MD JOHN
		08/27/09	49196	WILL MD THOMAS
		09/24/09	50082	KIRSH MD EDWARD
		09/29/09	48969	KRITSAS MD JOHN
12/11/09	52072	MILANI DO MICHAEL		
12/16/09	41223	KRITSAS MD JOHN		
	48969	KRITSAS MD JOHN		
12/17/09	52358	CORNFIELD MD JOEL		
60523	3	03/19/09	44990	MERRICK MD PAUL
		05/06/09	46212	KRENGEL MD SAMUEL
		07/02/09	47673	HWANG MD JAY
60525	23	01/31/09	43691	MISUREC MD PETER
		02/25/09	44379	MISUREC MD PETER
		03/11/09	23966	MILANI DO MICHAEL
		03/16/09	44841	SEO MD ROBERT M
		04/03/09	44764	PASCIAK MD ROBERT
		04/08/09	45287	KRENGEL MD SAMUEL
		04/22/09	45582	MILANI DO MICHAEL
		05/05/09	35322	KIRSH MD EDWARD
		05/06/09	6642	KRENGEL MD SAMUEL
		05/19/09	35322	KIRSH MD EDWARD
		06/09/09	47059	KRITSAS MD JOHN
08/05/09	45287	KRENGEL MD SAMUEL		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60525...	23...	08/05/09...	48123	BADWAN MD KHALID H
		09/01/09	36172	FAKOURI MD BEJAN
		09/24/09	39844	CORNFIELD MD JOEL
		10/06/09	49971	KIRSH MD EDWARD
		10/13/09	50154	MORAN MD GEORGE G
		10/22/09	50058	CORNFIELD MD JOEL
			50740	WILL MD THOMAS
		11/04/09	22894	KRITSAS MD JOHN
		11/09/09	9379	MILANI DO MICHAEL
		11/13/09	51158	SEO MD ROBERT M
		11/17/09	49971	KIRSH MD EDWARD
		60526	13	02/19/09
04/16/09	45170			HWANG MD JAY
05/04/09	13137			KIRSH MD EDWARD
05/18/09	46228			MORAN MD GEORGE G
07/02/09	47645			CORNFIELD MD JOEL
07/28/09	48495			MORAN MD GEORGE G
09/22/09	13137			KIRSH MD EDWARD
10/13/09	50537			KUCERA MD JOSEPH
10/27/09	50829			KRITSAS MD JOHN
10/29/09	50537			KUCERA MD JOSEPH
11/16/09	51359			MILANI DO MICHAEL
12/01/09	50829			KRITSAS MD JOHN
12/02/09	51721	KRENGEL MD SAMUEL		
60527	18	01/16/09	42428	PASCIAK MD ROBERT
		01/28/09	43205	KRITSAS MD JOHN
		02/27/09	43888	SEO MD ROBERT M
		03/26/09	44971	HWANG MD JAY
		04/16/09	44971	HWANG MD JAY
		04/17/09	43888	SEO MD ROBERT M
			45757	SMITH MD CRAIG
		05/11/09	46224	HWANG MD JAY
		05/20/09	46283	KRENGEL MD SAMUEL
		05/28/09	46052	CORNFIELD MD JOEL
		06/15/09	47246	CORNFIELD MD JOEL
		07/01/09	47331	MILANI DO MICHAEL
			47644	KRENGEL MD SAMUEL

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60527...	18...	07/29/09	48294	KUCERA MD JOSEPH
		08/12/09	48651	WEST MD PAUL
		08/17/09	48892	TALLURI MD S
		09/01/09	49399	MISUREC MD PETER
		09/15/09	49653	LISEK MD ERNST
60527-6110	1	06/09/09	29940	FAKOURI MD BEJAN
60532	15	02/06/09	26919	SMITH MD CRAIG
		02/23/09	43957	FAKOURI MD BEJAN
		03/17/09	17862	SEO MD ROBERT M
		06/05/09	46963	SEO MD ROBERT M
		07/07/09	47684	FAKOURI MD BEJAN
		07/08/09	47508	MILANI DO MICHAEL
		07/21/09	47684	FAKOURI MD BEJAN
		07/27/09	47837	FAKOURI MD BEJAN
		08/18/09	47684	FAKOURI MD BEJAN
		08/24/09	47837	FAKOURI MD BEJAN
		09/10/09	49457	SMITH MD CRAIG
		10/01/09	23131	LYON MD PAUL
		10/21/09	50685	WEST MD PAUL
		11/11/09	50685	WEST MD PAUL
		12/30/09	47684	FAKOURI MD BEJAN
60534	11	02/23/09	24436	ZIMMERMAN MD ROBERT
			44254	CORNFIELD MD JOEL
		03/16/09	24436	ZIMMERMAN MD ROBERT
		03/19/09	33241	HWANG MD JAY
		04/23/09	33241	HWANG MD JAY
			45540	MILANI DO MICHAEL
		09/16/09	49824	MISUREC MD PETER
		10/14/09	49824	MISUREC MD PETER
		11/03/09	51081	MISUREC MD PETER
		11/11/09	1776	LAND MD SPENCER A
		12/23/09	52343	MISUREC MD PETER
60537	3	01/16/09	43367	RASHID MD MICHAEL A
		03/06/09	43367	RASHID MD MICHAEL A
		12/10/09	51375	GIBLIN MD JAMES
60538	8	01/09/09	42907	RASHID MD MICHAEL A
		03/13/09	44700	LENTING MD ERIC

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60538...	8...	04/24/09	17147	RASHID MD MICHAEL A
		06/12/09	46215	CHRISTENSEN MD JOHN
		06/16/09	5315	FAKOURI MD BEJAN
		06/30/09	47625	CHRISTENSEN MD JOHN
		10/23/09	50044	PLANTE MD JOHN
		12/22/09	52431	CHRISTENSEN MD JOHN
60539	1	12/11/09	52049	RASHID MD MICHAEL A
60540	22	01/08/09	42121	KRENGEL MD SAMUEL
		01/13/09	42945	BOCKRATH MD JOHN
		01/23/09	42137	BOCKRATH MD JOHN
		02/03/09	43671	FAKOURI MD BEJAN
		02/06/09	17576	SMITH MD CRAIG
			24357	SMITH MD CRAIG
		02/19/09	43711	GIBLIN MD JAMES
		04/03/09	45188	LENTING MD ERIC
		04/14/09	1886	CHALLENGER MD ROBER
		05/01/09	33007	SEO MD ROBERT M
			45539	SEO MD ROBERT M
		06/11/09	1886	GIBLIN MD JAMES
		06/19/09	47359	PASCIAK MD ROBERT
			47394	SEO MD ROBERT M
		07/17/09	33007	SEO MD ROBERT M
		08/06/09	48005	BOCKRATH MD JOHN
		09/01/09	48372	SEO MD ROBERT M
		10/08/09	50320	PASCIAK MD ROBERT
		10/12/09	50434	PASCIAK MD ROBERT
		10/26/09	50748	WEST MD PAUL
11/03/09	3940	SEO MD ROBERT M		
11/04/09	50949	SEO MD ROBERT M		
60542	9	02/20/09	31486	CHRISTENSEN MD JOHN
		03/13/09	4646	LENTING MD ERIC
		03/31/09	45156	STEINBERG MD ABRAHAN
		04/24/09	4646	RASHID MD MICHAEL A
		06/01/09	46410	BADWAN MD KHALID H
		06/26/09	4646	PLANTE MD JOHN
		07/10/09	47648	CHRISTENSEN MD JOHN
07/17/09	47859	PLANTE MD JOHN		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60542...	9...	10/02/09	50128	RASHID MD MICHAEL A
60543	22	01/16/09	42941	PLANTE MD JOHN
			43103	PLANTE MD JOHN
			43259	PASCIAK MD ROBERT
			43332	LENTING MD ERIC
		01/23/09	43332	LENTING MD ERIC
		01/30/09	43533	LENTING MD ERIC
		02/03/09	43657	FAKOURI MD BEJAN
		02/06/09	25173	RASHID MD MICHAEL A
		03/05/09	44284	PASCIAK MD ROBERT
		03/06/09	44500	RASHID MD MICHAEL A
		03/20/09	25173	CHRISTENSEN MD JOHN
		03/27/09	44500	PLANTE MD JOHN
		04/09/09	42064	LENTING MD ERIC
		05/21/09	43657	BOCKRATH MD JOHN
		05/22/09	46574	MORAN MD GEORGE G
		05/26/09	46574	MORAN MD GEORGE G
		06/26/09	47593	LENTING MD ERIC
		07/08/09	47911	UNG MD JEAN OU
		08/14/09	48314	RASHID MD MICHAEL A
		09/04/09	48314	RASHID MD MICHAEL A
11/05/09	50901	FAKOURI MD BEJAN		
11/06/09	50939	LENTING MD ERIC		
12/21/09	44284	PASCIAK MD ROBERT		
60544	13	02/02/09	43599	CORNFIELD MD JOEL
		04/23/09	45546	STEINBERG MD ABRAHAM
		05/19/09	21675	FAKOURI MD BEJAN
		05/20/09	38188	CORNFIELD MD JOEL
		06/04/09	46873	LYON MD PAUL
		06/08/09	46381	HWANG MD JAY
		07/16/09	46381	HWANG MD JAY
		08/19/09	48934	DHINDSA MD AVTAR S
		09/29/09	50063	MORAN MD GEORGE G
		10/21/09	49920	DHINDSA MD AVTAR S
		11/30/09	38188	CORNFIELD MD JOEL
		12/22/09	52118	SEO MD ROBERT M
12/28/09	46381	CORNFIELD MD JOEL		
60544-9331	1	08/15/09	48863	SOSENKO MD GEORGE

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60545	6	01/16/09	43166	RASHID MD MICHAEL A
		05/14/09	45530	CHALLENGER MD ROBER
		07/31/09	34173	LENTING MD ERIC
		10/08/09	50214	CHALLENGER MD ROBER
		10/23/09	50745	PLANTE MD JOHN
		11/25/09	51598	BADWAN MD KHALID H
60546	19	01/13/09	33728	KIRSH MD EDWARD
		01/27/09	33728	KIRSH MD EDWARD
		02/03/09	43437	KUCERA MD JOSEPH
		04/22/09	45858	MISUREC MD PETER
		05/06/09	45864	SOSENKO MD GEORGE
		06/02/09	46716	KIRSH MD EDWARD
		06/11/09	47135	KUCERA MD JOSEPH
		07/28/09	48496	MISUREC MD PETER
		07/29/09	47135	KUCERA MD JOSEPH
		08/19/09	48496	MISUREC MD PETER
		08/28/09	49134	LAI MD ROBERT S
		09/02/09	47135	KUCERA MD JOSEPH
		09/22/09	49854	KIRSH MD EDWARD
		09/29/09	47135	KUCERA MD JOSEPH
		10/27/09	47135	KUCERA MD JOSEPH
		11/05/09	51188	MISUREC MD PETER
		12/15/09	51550	KIRSH MD EDWARD
		12/17/09	52281	MISUREC MD PETER
12/31/09	12316	MISUREC MD PETER		
60548	4	02/27/09	44219	BURSTEIN MD JAY D
		04/02/09	44330	TROCKMAN MD BRETT
		07/10/09	47795	CHRISTENSEN MD JOHN
		09/14/09	20361	STEINBERG MD ABRAHAN
60550	4	03/27/09	45043	PLANTE MD JOHN
		06/10/09	45477	BUX MD SAJIT
		08/13/09	48755	BUX MD SAJIT
		10/16/09	45043	LENTING MD ERIC
60551	1	04/24/09	45746	RASHID MD MICHAEL A
60554	6	01/15/09	43255	LENTING MD ERIC
		04/17/09	45412	CHRISTENSEN MD JOHN
		06/19/09	46472	LENTING MD ERIC

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60554...	6...	10/02/09	29860	LENTING MD ERIC
		12/04/09	51639	LENTING MD ERIC
		12/28/09	52023	STEINBERG MD ABRAHAM
60555	11	01/30/09	43676	LENTING MD ERIC
		03/03/09	44007	NUZZARELLO MD JOSEPH
		03/24/09	44923	WEST MD PAUL
		04/03/09	19395	LENTING MD ERIC
		06/30/09	47686	CHRISTENSEN MD JOHN
		07/06/09	47805	UNG MD JEAN OU
		07/09/09	47819	CHALLENGER MD ROBERT
		07/24/09	41103	BADWAN MD KHALID H
		08/06/09	48335	CHALLENGER MD ROBERT
		12/02/09	51300	BADWAN MD KHALID H
		12/24/09	52214	CHALLENGER MD ROBERT
60558	11	01/14/09	43134	BADWAN MD KHALID H
		01/19/09	43322	CORNFIELD MD JOEL
		01/21/09	43143	MILANI DO MICHAEL
		01/22/09	43322	CORNFIELD MD JOEL
		01/29/09	43606	KHANDEPARKER MD V
		04/02/09	38985	HWANG MD JAY
		05/11/09	46316	HWANG MD JAY
		07/24/09	48309	CORNFIELD MD JOEL
		11/05/09	50825	CORNFIELD MD JOEL
		11/21/09	51655	SOSENKO MD GEORGE
		12/08/09	51655	SOSENKO MD GEORGE
60559	17	01/27/09	42076	FAKOURI MD BEJAN
		02/26/09	41648	HWANG MD JAY
		03/03/09	23782	SEO MD ROBERT M
		03/09/09	44430	FAKOURI MD BEJAN
		04/03/09	45269	KOLBUSZ MD WILLIAM
		04/24/09	45772	MISUREC MD PETER
		05/06/09	23782	SEO MD ROBERT M
		05/13/09	46268	TALLURI MD S
		06/05/09	46268	TALLURI MD S
			47071	AGHA MD ARIF
		07/17/09	47487	LISEK MD ERNST
08/10/09	48310	LYON MD PAUL		



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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60559...	17...	09/14/09	49139	WEST MD PAUL
		10/06/09	49139	WEST MD PAUL
			50060	WEST MD PAUL
		10/19/09	50646	CORNFIELD MD JOEL
		11/18/09	50038	OH MD JOSEPH
60560	13	01/16/09	43165	PLANTE MD JOHN
		02/02/09	43680	STEINBERG MD ABRAHAM
		02/17/09	44178	RASHID MD MICHAEL A
		02/18/09	40592	CHALLENGER MD ROBER
		03/06/09	40592	CHALLENGER MD ROBER
		03/13/09	44178	LENTING MD ERIC
		05/07/09	45708	LYON MD PAUL
		06/05/09	47060	RASHID MD MICHAEL A
		06/11/09	11333	GIBLIN MD JAMES
		09/29/09	6537	SMITH MD CRAIG
				UNG MD JEAN OU
		10/30/09	6537	SMITH MD CRAIG
		12/19/09	6537	SMITH MD CRAIG
12/22/09	11333	CHALLENGER MD ROBER		
60561	21	02/04/09	43100	MILANI DO MICHAEL
		02/10/09	43974	KOLBUSZ MD WILLIAM
		02/11/09	43323	KRENGEL MD SAMUEL
			43745	WEST MD PAUL
		02/20/09	35054	SMITH MD CRAIG
		02/25/09	43323	KRENGEL MD SAMUEL
		02/26/09	44256	CORNFIELD MD JOEL
		02/27/09	44484	SMITH MD CRAIG
		03/05/09	44256	CORNFIELD MD JOEL
		04/20/09	19697	FAKOURI MD BEJAN
		05/08/09	46176	KRITSAS MD JOHN
		05/28/09	46783	HWANG MD JAY
		06/17/09	47267	SEO MD ROBERT M
		07/01/09	47407	MILANI DO MICHAEL
		07/10/09	47796	SEO MD ROBERT M
		07/17/09	8214	SEO MD ROBERT M
08/28/09	8214	SEO MD ROBERT M		
09/15/09	49435	SEO MD ROBERT M		

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60561...	21...	09/16/09	49640	KRENGEL MD SAMUEL
		10/30/09	25385	SMITH MD CRAIG
		11/04/09	50819	SEO MD ROBERT M
60563	14	02/05/09	43726	SMITH MD CORNELIUS
		02/17/09	44185	RASHID MD MICHAEL A
		02/18/09	34641	PASCIAK MD ROBERT
		03/06/09	44185	RASHID MD MICHAEL A
		05/12/09	46185	SEO MD ROBERT M
		05/13/09	46280	OH MD JOSEPH
		05/26/09	17479	SEO MD ROBERT M
		06/19/09	47316	PASCIAK MD ROBERT
		07/21/09	48120	FAKOURI MD BEJAN
		09/03/09	29798	NUZZARELLO MD JOSEPH
		09/10/09	49612	LYON MD PAUL
		10/14/09	50428	SEO MD ROBERT M
		12/09/09	51923	OH MD JOSEPH
60564	12	02/06/09	43782	SMITH MD CRAIG
		03/16/09	25550	BADWAN MD KHALID H
		03/20/09	43085	SMITH MD CRAIG
		07/17/09	48065	PLANTE MD JOHN
		07/21/09	47858	FAKOURI MD BEJAN
		07/22/09	48182	BOCKRATH MD JOHN
			48232	FAKOURI MD BEJAN
		07/23/09	47780	TROCKMAN MD BRETT
		07/28/09	48232	FAKOURI MD BEJAN
		09/21/09	48316	FAKOURI MD BEJAN
		09/22/09	49825	PASCIAK MD ROBERT
		11/13/09	51402	SEO MD ROBERT M
		60565	19	01/03/09
01/23/09	42006			FAKOURI MD BEJAN
02/04/09	12294			LYON MD PAUL
02/06/09	43204			SMITH MD CRAIG
02/20/09	44142			SEO MD ROBERT M
02/26/09	44027			LYON MD PAUL
03/13/09	44142			SEO MD ROBERT M
04/20/09	45201			MERRICK MD PAUL

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60565...	19...	04/23/09	45849	BOCKRATH MD JOHN
		05/04/09	45999	FAKOURI MD BEJAN
		05/07/09	44027	LYON MD PAUL
		05/20/09	46619	SMITH MD CRAIG
		06/05/09	46351	SEO MD ROBERT M
		07/29/09	48519	SEO MD ROBERT M
		07/30/09	45201	MERRICK MD PAUL
		07/31/09	48469	LISEK MD ERNST
		11/05/09	50963	FAKOURI MD BEJAN
		11/13/09	51115	SMITH MD CRAIG
		12/14/09	51884	PASCIAK MD ROBERT
		60585	11	01/13/09
03/17/09	44762			SEO MD ROBERT M
04/08/09	44762			SEO MD ROBERT M
04/20/09	44487			FAKOURI MD BEJAN
04/28/09	45888			UNG MD JEAN OU
05/15/09	46394			FAKOURI MD BEJAN
07/02/09	47747			MERRICK MD PAUL
07/06/09	47793			UNG MD JEAN OU
07/15/09	48078			SEO MD ROBERT M
09/09/09	49551			SEO MD ROBERT M
10/05/09	50142			FAKOURI MD BEJAN
60585-2201	1	08/27/09	49315	SMITH MD CRAIG
60585-9834	1	04/02/09	45355	UNG MD JEAN OU
60586	10	04/06/09	45342	DHINDSA MD AVTAR S USS-FACILITY
		04/10/09	1164	SEO MD ROBERT M
		05/15/09	46380	LENTING MD ERIC
		05/27/09	46631	SEO MD ROBERT M
		06/12/09	46964	CHRISTENSEN MD JOHN
		06/24/09	6639	KRENGEL MD SAMUEL
		10/14/09	50385	SEO MD ROBERT M
		11/25/09	51638	BOCKRATH MD JOHN
		12/03/09	51914	LYON MD PAUL
		12/17/09	52245	LYON MD PAUL
60608	2	08/11/09	48511	KIRSH MD EDWARD
		08/25/09	48511	KIRSH MD EDWARD

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Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60609	1	12/01/09	51406	KIRSH MD EDWARD
60610	3	04/21/09	32062	KIRSH MD EDWARD
		09/11/09	49712	ZIMMERMAN MD ROBERT
		09/28/09	49712	ZIMMERMAN MD ROBERT
60616	1	04/23/09	6520	TOMERA MD FRED
60617	4	06/17/09	47282	ZIMMERMAN MD ROBERT
		07/01/09	47282	ZIMMERMAN MD ROBERT
		07/15/09	47282	ZIMMERMAN MD ROBERT
		09/23/09	50016	GADRINAB MD NELCAR
60618	7	01/19/09	43180	ZIMMERMAN MD ROBERT
		02/02/09	43180	LEYLAND II MD JOHN T
		02/23/09	43180	ZIMMERMAN MD ROBERT
		03/23/09	43180	LEYLAND II MD JOHN T
		10/05/09	50211	SUNDAR MD B
		10/12/09	50235	ZIMMERMAN MD ROBERT
		11/02/09	50235	ZIMMERMAN MD ROBERT
60619	2	01/16/09	43030	GADRINAB MD NELCAR
		12/28/09	52484	ZIMMERMAN MD ROBERT
60620	5	08/13/09	48787	KUCERA MD JOSEPH
		09/02/09	49387	KUCERA MD JOSEPH
		10/07/09	49387	KUCERA MD JOSEPH
		10/21/09	48787	KUCERA MD JOSEPH
		12/09/09	50626	KIM MD JAE
60621	1	09/04/09	49352	DEFRANCO MD JOHN
60621-1211	1	01/14/09	42993	KHANDPARKER MD V
60622	3	01/27/09	43528	SOSENKO MD GEORGE
		02/12/09	40985	RIOS MD EDGAR
		07/30/09	46057	ZIMMERMAN MD ROBERT
60623	14	01/27/09	43009	KIRSH MD EDWARD
		03/23/09	26884	RIOS MD EDGAR
		05/06/09	32380	SUNDAR MD B
		05/13/09	46001	MISUREC MD PETER
		05/19/09	46607	MISUREC MD PETER
		06/11/09	46944	DESIREDDI MD NARESH
		06/22/09	47449	ZIMMERMAN MD ROBERT
		06/30/09	9173	MISUREC MD PETER
		07/15/09	47449	ZIMMERMAN MD ROBERT

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60623...	14...	09/25/09	49810	SUNDAR MD B
		10/05/09	50177	SUNDAR MD B
		10/27/09	50177	SUNDAR MD B
		12/04/09	51794	RIOS MD EDGAR
		12/28/09	52415	KUCERA MD JOSEPH
60623-2559	1	07/23/09	48268	DESIREDDI MD NARESH
60624	8	01/30/09	43554	DHINDSA MD AVTAR S
		04/27/09	3605	ZIMMERMAN MD ROBERT
		05/18/09	3605	ZIMMERMAN MD ROBERT
		06/01/09	3605	ZIMMERMAN MD ROBERT
		06/15/09	3605	ZIMMERMAN MD ROBERT
		07/01/09	3605	ZIMMERMAN MD ROBERT
		08/17/09	3605	LEYLAND II MD JOHN T
		10/12/09	50040	ZIMMERMAN MD ROBERT
60625	2	10/20/09	50644	KIRSH MD EDWARD
		11/03/09	50644	KIRSH MD EDWARD
60628	1	05/01/09	45755	DEFRANCO MD JOHN
60628-7434	1	11/30/09	51592	PARK MD SANGTAE
60629	16	01/07/09	42939	MISUREC MD PETER
		01/27/09	42795	KIRSH MD EDWARD
		02/12/09	24828	MORAN MD GEORGE G
		03/24/09	44853	KIRSH MD EDWARD
		05/08/09	43977	STEINBERG MD JAY
		05/26/09	46547	KUCERA MD JOSEPH
		06/10/09	41120	KUCERA MD JOSEPH
		06/12/09	43977	STEINBERG MD JAY
		06/17/09	46928	KUCERA MD JOSEPH
		07/27/09	48086	RIOS MD EDGAR
		07/29/09	48413	KUCERA MD JOSEPH
		08/05/09	48613	KOLBUSZ MD WILLIAM
		08/14/09	43977	STEINBERG MD JAY
		08/19/09	41120	KUCERA MD JOSEPH
10/02/09	21953	HOYME MD KERMIT		
12/28/09	52453	MISUREC MD PETER		
60630	1	07/28/09	48452	RIOS MD EDGAR
60632	16	01/13/09	34196	KIRSH MD EDWARD
		02/03/09	43388	DESIREDDI MD NARESH

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60632...	16...	03/13/09	44615	GADRINAB MD NELCAR
		03/18/09	4800	HWANG MD JAY
		04/07/09	45327	KIRSH MD EDWARD
		04/29/09	46035	KUCERA MD JOSEPH
		05/05/09	38575	KIRSH MD EDWARD
		05/19/09	46584	MISUREC MD PETER
		06/02/09	45941	KIRSH MD EDWARD
		06/26/09	47545	LAND MD SPENCER A
		07/06/09	7718	SUNDAR MD B
		08/25/09	42295	KIRSH MD EDWARD
		09/08/09	42295	KIRSH MD EDWARD
		10/06/09	42295	KIRSH MD EDWARD
		12/23/09	7157	KUCERA MD JOSEPH
12/29/09	20216	KIRSH MD EDWARD		
60632-4504	1	04/24/09	45880	LAND MD SPENCER A
60634	9	01/14/09	43087	RIOS MD EDGAR
		02/04/09	43591	SOSENKO MD GEORGE
		02/12/09	43581	SOSENKO MD GEORGE
		02/25/09	43591	SOSENKO MD GEORGE
		06/29/09	47284	LEYLAND II MD JOHN T
		07/13/09	47284	LEYLAND II MD JOHN T
		07/27/09	47284	LEYLAND II MD JOHN T
		08/31/09	47284	LEYLAND II MD JOHN T
		10/19/09	10971	ZIMMERMAN MD ROBERT
60634-2770	1	03/18/09	44774	WEST MD PAUL
60635	2	02/10/09	43699	KIRSH MD EDWARD
		12/30/09	19463	ZIMMERMAN MD ROBERT
60636	1	02/11/09	43822	KUCERA MD JOSEPH
60638	41	01/20/09	35204	KUCERA MD JOSEPH
		01/21/09	28379	KUCERA MD JOSEPH
		02/11/09	43495	KRITSAS MD JOHN
		03/04/09	44447	MISUREC MD PETER
		03/05/09	44617	MISUREC MD PETER
		03/31/09	45225	KIM MD JAE
		04/07/09	23607	KIRSH MD EDWARD
			45185	KIRSH MD EDWARD
04/15/09	44617	MISUREC MD PETER		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60638...	41...	05/05/09	23607	KIRSH MD EDWARD
		05/14/09	46285	KIRSH MD EDWARD
		05/27/09	46609	MISUREC MD PETER
		06/17/09	27167	ZIMMERMAN MD ROBERT
			46609	MISUREC MD PETER
		06/25/09	27167	ZIMMERMAN MD ROBERT
		07/14/09	47626	KIRSH MD EDWARD
			47874	KIRSH MD EDWARD
		07/17/09	46609	MISUREC MD PETER
		07/28/09	47561	KIRSH MD EDWARD
		07/30/09	48428	KUCERA MD JOSEPH
		08/05/09	46609	MISUREC MD PETER
		08/07/09	48318	SADAH MD ALAN
		08/11/09	48781	KIRSH MD EDWARD
		08/12/09	48814	MISUREC MD PETER
		08/19/09	49064	FAKOURI MD BEJAN
		08/25/09	48767	KIRSH MD EDWARD
		08/26/09	46609	MISUREC MD PETER
		09/18/09	7638	BONAGURO MD RONALD
				BONAGURO MD RONALD
		09/22/09	7638	KIRSH MD EDWARD
				KIRSH MD EDWARD
				KIRSH MD EDWARD
		10/21/09	50665	KUCERA MD JOSEPH
		11/17/09	51180	KIRSH MD EDWARD
		12/09/09	51703	KUCERA MD JOSEPH
				KIM MD JAE
		12/15/09	51180	KIRSH MD EDWARD
		12/16/09	51932	KUCERA MD JOSEPH
		12/29/09	48781	KIRSH MD EDWARD
KIRSH MD EDWARD				
KIRSH MD EDWARD				
60638-1711	2	09/04/09	49523	LEYLAND II MD JOHN T
09/28/09		49523	LEYLAND II MD JOHN T	
60638-3214	2	01/16/09	43288	MISUREC MD PETER
		12/30/09	43288	MISUREC MD PETER
60639	10	01/21/09	43130	SOSENKO MD GEORGE

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60639...	10...	03/14/09	44670	SADAH MD ALAN
		06/01/09	46658	ZIMMERMAN MD ROBERT
		09/14/09	6146	ZIMMERMAN MD ROBERT
		09/29/09	33962	KUCERA MD JOSEPH
		10/22/09	33962	KUCERA MD JOSEPH
		12/02/09	18750	SUNDAR MD B
		12/07/09	52090	ZIMMERMAN MD ROBERT
		12/09/09	52090	ZIMMERMAN MD ROBERT
12/21/09	52090	ZIMMERMAN MD ROBERT		
60640	1	12/21/09	52267	RIOS MD EDGAR
60641	7	04/03/09	44218	SOSENKO MD GEORGE
		05/16/09	44218	SOSENKO MD GEORGE
		07/01/09	47756	SUNDAR MD B
		07/07/09	47808	LAI MD ROBERT S
		08/04/09	48639	RIOS MD EDGAR
		08/14/09	48639	RIOS MD EDGAR
08/17/09	48560	TALLURI MD S		
60643	1	03/19/09	44828	WOHLBERG MD F
60644	14	02/16/09	23393	ZIMMERMAN MD ROBERT
		03/02/09	23393	ZIMMERMAN MD ROBERT
		03/09/09	44624	LEYLAND II MD JOHN T
		03/16/09	44790	ZIMMERMAN MD ROBERT
		04/06/09	13720	ZIMMERMAN MD ROBERT
		04/13/09	41226	ZIMMERMAN MD ROBERT
		04/20/09	13720	ZIMMERMAN MD ROBERT
		05/18/09	41226	ZIMMERMAN MD ROBERT
		06/15/09	27951	ZIMMERMAN MD ROBERT
		07/01/09	27951	ZIMMERMAN MD ROBERT
		07/14/09	8357	KIRSH MD EDWARD
		08/19/09	41226	ZIMMERMAN MD ROBERT
		08/26/09	48990	SADAH MD ALAN
09/09/09	41226	ZIMMERMAN MD ROBERT		
60646	1	08/05/09	48509	KRENGEL MD SAMUEL
60647	4	01/03/09	41212	SOSENKO MD GEORGE
		01/17/09	43133	SOSENKO MD GEORGE
		03/26/09	44874	BERGER MD AARON
		08/12/09	48815	LAND MD SPENCER A



## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60648	2	04/27/09	6145	ZIMMERMAN MD ROBERT
		09/28/09	24536	SUNDAR MD B
60651	20	01/26/09	43398	ZIMMERMAN MD ROBERT
		02/16/09	43398	ZIMMERMAN MD ROBERT
		03/16/09	36606	ZIMMERMAN MD ROBERT
		04/11/09	35499	SADAH MD ALAN
		04/22/09	13159	KUCERA MD JOSEPH
		06/15/09	47178	ZIMMERMAN MD ROBERT
		07/15/09	47178	ZIMMERMAN MD ROBERT
		07/22/09	48299	ZIMMERMAN MD ROBERT
		07/29/09	48299	ZIMMERMAN MD ROBERT
			48317	ZIMMERMAN MD ROBERT
		08/12/09	20530	ZIMMERMAN MD ROBERT
			48299	ZIMMERMAN MD ROBERT
		08/19/09	6083	ZIMMERMAN MD ROBERT
			48864	ZIMMERMAN MD ROBERT
		08/26/09	48299	ZIMMERMAN MD ROBERT
			48864	ZIMMERMAN MD ROBERT
		09/09/09	48864	ZIMMERMAN MD ROBERT
09/28/09	49914	LEYLAND II MD JOHN T		
10/12/09	48864	ZIMMERMAN MD ROBERT		
10/28/09	50864	ZIMMERMAN MD ROBERT		
60652	11	04/11/09	38989	MISUREC MD PETER
		05/08/09	46119	STEINBERG MD JAY
		05/15/09	38989	MISUREC MD PETER
		06/03/09	3038	MISUREC MD PETER
		06/17/09	3038	MISUREC MD PETER
		08/07/09	38989	MISUREC MD PETER
		08/12/09	48786	LAND MD SPENCER A
		09/08/09	49205	KIRSH MD EDWARD
		10/20/09	50649	KIRSH MD EDWARD
		11/03/09	50649	KIRSH MD EDWARD
60655	7	01/06/09	42363	BONAGURO MD RONALD
		04/10/09	45443	KHANDEPARKER MD V
		06/11/09	47169	WOHLBERG MD F
		07/01/09	45443	KHANDEPARKER MD V

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60655...	7...	09/04/09	45443	KHANDEPARKER MD V
		11/06/09	42363	BONAGURO MD RONALD
		11/11/09	50187	KIM MD JAE
60657	5	03/20/09	15103	MISUREC MD PETER
		04/03/09	15103	MISUREC MD PETER
		04/24/09	15103	MISUREC MD PETER
		05/15/09	15103	MISUREC MD PETER
		05/21/09	46225	FAKOURI MD BEJAN
60661	1	10/29/09	50902	PASCIAK MD ROBERT
60680	1	11/03/09	51040	KIRSH MD EDWARD
60681-0823	1	06/05/09	46864	LAI MD ROBERT S
60701	1	10/02/09	50280	LAI MD ROBERT S
60707	8	02/16/09	43705	BADWAN MD KHALID H
		02/28/09	44459	ZIMMERMAN MD ROBERT
		03/09/09	44459	ZIMMERMAN MD ROBERT
		08/12/09	48793	ZIMMERMAN MD ROBERT
		09/04/09	49516	TOMERA MD FRED
		09/11/09	49666	LAI MD ROBERT S
		11/16/09	51258	LEYLAND II MD JOHN T
		12/23/09	3779	ZIMMERMAN MD ROBERT
60707-3826	1	07/22/09	48237	LAI MD ROBERT S
60803	2	05/06/09	46090	KIM MD JAE
		06/12/09	20689	DEFRANCO MD JOHN
60804	28	01/19/09	41749	ZIMMERMAN MD ROBERT
		01/27/09	43237	KIRSH MD EDWARD
			43438	KIRSH MD EDWARD
		01/30/09	41975	KUCERA MD JOSEPH
		02/10/09	43237	KIRSH MD EDWARD
		02/11/09	41749	ZIMMERMAN MD ROBERT
		03/09/09	44588	RIOS MD EDGAR
		04/24/09	45891	MISUREC MD PETER
		05/07/09	46173	KUCERA MD JOSEPH
		05/26/09	46545	KUCERA MD JOSEPH
		06/09/09	46173	KUCERA MD JOSEPH
		06/16/09	41363	KIRSH MD EDWARD
			47238	KIRSH MD EDWARD
06/24/09	46545	KUCERA MD JOSEPH		

## 2009 ESWL Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60804...	28...	07/14/09	47454	KIRSH MD EDWARD
			47999	KIRSH MD EDWARD
		07/28/09	48304	KIRSH MD EDWARD
		08/11/09	47454	KIRSH MD EDWARD
			48707	KIRSH MD EDWARD
		08/25/09	48707	KIRSH MD EDWARD
		09/16/09	49823	MISUREC MD PETER
		10/14/09	7745	KUCERA MD JOSEPH
		10/26/09	2702	ZIMMERMAN MD ROBERT
		11/05/09	50415	KUCERA MD JOSEPH
		12/02/09	25256	KUCERA MD JOSEPH
		12/11/09	52008	MISUREC MD PETER
		12/16/09	52010	LAI MD ROBERT S
12/29/09	52037	KIRSH MD EDWARD		
60805	3	06/23/09	47513	KUCERA MD JOSEPH
		07/29/09	48373	WOHLBERG MD F
		08/13/09	47513	KUCERA MD JOSEPH
61008	1	04/09/09	45370	BUX MD SAJIT
61019	1	10/14/09	50606	SEO MD ROBERT M
61020	1	05/29/09	46827	LENTING MD ERIC
61068	1	04/14/09	45652	BUX MD SAJIT
61081	1	08/14/09	48967	LENTING MD ERIC
61114	2	11/03/09	51107	PLANTE MD JOHN
		12/15/09	52207	BUX MD SAJIT
61341	1	12/09/09	52027	ZUMERCHIK MD DAVID
61350	4	03/05/09	44431	AGHA MD ARIF
		03/28/09	43314	SOSENKO MD GEORGE
		04/15/09	44431	AGHA MD ARIF
		06/05/09	44431	AGHA MD ARIF
61704	1	10/28/09	50821	KRENGEL MD SAMUEL
68555	1	08/13/09	48718	PASCIAK MD ROBERT
70817	1	06/02/09	46874	FAKOURI MD BEJAN
75063	1	09/25/09	50078	BURSTEIN MD JAY D
92708	1	07/16/09	48133	UNG MD JEAN OU



## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60016	1	02/23/09	15347	LEYLAND II MD JOHN T
60068	1	08/17/09	17569	LEYLAND II MD JOHN T
60098	1	07/06/09	16990	LEYLAND II MD JOHN T
60101	3	04/22/09	15495	OH MD JOSEPH
		06/25/09	16802	KINZLER MD GORDON
		06/30/09	16801	CORNFIELD MD JOEL
60104	1	06/08/09	16529	LEYLAND II MD JOHN T
60126	4	01/15/09	14692	KINZLER MD GORDON
		05/28/09	16443	CORNFIELD MD JOEL
		06/22/09	16657	KINZLER MD GORDON
		06/25/09	16836	CORNFIELD MD JOEL
60130	1	08/24/09	17669	LEYLAND II MD JOHN T
60131	1	01/05/09	14567	KINZLER MD GORDON
60133	1	05/20/09	16494	OH MD JOSEPH
60134	1	01/09/09	14852	RASHID MD MICHAEL A
60137	4	07/02/09	17041	CORNFIELD MD JOEL
		07/30/09	16601	MERRICK MD PAUL
		10/30/09	18581	CORNFIELD MD JOEL
		11/12/09	18468	WILL MD THOMAS
60148	5	01/26/09	14780	KINZLER MD GORDON
		02/20/09	12756	SMITH MD CRAIG
		06/23/09	16493	OH MD JOSEPH
		10/26/09	18297	KINZLER MD GORDON
		11/02/09	18595	LEYLAND II MD JOHN T
60151	1	04/02/09	15933	RASHID MD MICHAEL A
60153	1	03/10/09	15285	KIRSH MD EDWARD
60154	3	08/20/09	16807	KINZLER MD GORDON
		08/25/09	17668	KIRSH MD EDWARD
		12/07/09	11970	ZIMMERMAN MD ROBER
60155	2	04/06/09	15869	LEYLAND II MD JOHN T
		04/13/09	15869	LEYLAND II MD JOHN T
60160	1	07/27/09	17123	LEYLAND II MD JOHN T
60162	2	02/02/09	14952	LEYLAND II MD JOHN T
		03/02/09	14952	LEYLAND II MD JOHN T
60164	3	02/20/09	15387	CHRISTENSEN MD JOHN
		03/09/09	175	LEYLAND II MD JOHN T
		08/31/09	17687	KINZLER MD GORDON

## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60171	1	11/30/09	18996	ZIMMERMAN MD ROBER
60175	2	01/16/09	14937	RASHID MD MICHAEL A
		05/21/09	15746	MERRICK MD PAUL
60176	1	01/28/09	14953	SOSENKO MD GEORGE
60185	1	01/09/09	14741	SMITH MD CRAIG
60188	1	06/01/09	16535	CORNFIELD MD JOEL
60189-7754	1	02/18/09	15015	OH MD JOSEPH
60301	1	01/05/09	14598	LEYLAND II MD JOHN T
60302	10	02/09/09	15064	LEYLAND II MD JOHN T
		02/16/09	15259	LEYLAND II MD JOHN T
		03/30/09	15678	LEYLAND II MD JOHN T
		04/20/09	16085	LEYLAND II MD JOHN T
		05/04/09	16298	LEYLAND II MD JOHN T
		06/29/09	16735	LEYLAND II MD JOHN T
		10/28/09	18488	LEYLAND II MD JOHN T
		11/23/09	1497	LEYLAND II MD JOHN T
		12/14/09	19089	LEYLAND II MD JOHN T
		12/21/09	18988	LEYLAND II MD JOHN T
60303	1	06/01/09	3	LEYLAND II MD JOHN T
60304	3	04/13/09	15909	LEYLAND II MD JOHN T
		06/29/09	16861	LEYLAND II MD JOHN T
		08/31/09	17597	LEYLAND II MD JOHN T
60305	1	10/26/09	18134	LEYLAND II MD JOHN T
60402	12	01/06/09	14634	MISUREC MD PETER
		01/12/09	14785	LEYLAND II MD JOHN T
		01/13/09	14733	KIRSH MD EDWARD
		03/10/09	15338	KIRSH MD EDWARD
		03/18/09	15644	MISUREC MD PETER
		04/15/09	15867	MISUREC MD PETER
		04/21/09	15718	KIRSH MD EDWARD
		06/16/09	16423	KIRSH MD EDWARD
		08/11/09	17499	KIRSH MD EDWARD
			17517	KIRSH MD EDWARD
		11/03/09	18430	KIRSH MD EDWARD
12/29/09	18789	KIRSH MD EDWARD		
60409	1	12/01/09	18948	KIRSH MD EDWARD
60439	2	07/28/09	17401	MISUREC MD PETER

## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60439...	2...	08/27/09	17755	CORNFIELD MD JOEL
60440	2	01/07/09	6376	SOSENKO MD GEORGE
		11/08/09	18391	SOSENKO MD GEORGE
60444	1	08/03/09	17427	LEYLAND II MD JOHN T
60445-3763	1	04/09/09	15898	PARK MD SANGTAE
60446	1	05/20/09	16312	KRENGEL MD SAMUEL
60453	1	10/12/09	18345	SUNDAR MD B
60453-1211	1	01/09/09	339	MISUREC MD PETER
60455	4	01/27/09	4526	KIRSH MD EDWARD
		04/07/09	15907	KIRSH MD EDWARD
		05/05/09	16205	KIRSH MD EDWARD
		05/28/09	15907	KIRSH MD EDWARD
60457	1	09/08/09	17837	KIRSH MD EDWARD
60487	1	07/28/09	17334	KIRSH MD EDWARD
60490	1	06/10/09	16612	KRENGEL MD SAMUEL
60501	1	01/14/09	14764	MISUREC MD PETER
60513	1	07/29/09	17254	KRENGEL MD SAMUEL
60516	3	01/23/09	14691	SMITH MD CRAIG
		02/28/09	15207	SOSENKO MD GEORGE
		12/09/09	18997	KRENGEL MD SAMUEL
60517	3	01/07/09	14407	OH MD JOSEPH
		03/24/09	15593	KIRSH MD EDWARD
		05/05/09	16200	KIRSH MD EDWARD
60521	3	07/06/09	17114	CORNFIELD MD JOEL
		10/12/09	18249	CORNFIELD MD JOEL
		10/22/09	18390	CORNFIELD MD JOEL
60523-2663	1	07/31/09	17300	SOSENKO MD GEORGE
60525	1	05/18/09	16405	CORNFIELD MD JOEL
60527	7	02/18/09	15014	OH MD JOSEPH
		03/05/09	15335	CORNFIELD MD JOEL
		04/02/09	15849	CORNFIELD MD JOEL
		05/11/09	16404	CORNFIELD MD JOEL
		06/20/09	11191	SOSENKO MD GEORGE
		07/01/09	17045	KRENGEL MD SAMUEL
		07/06/09	17053	CORNFIELD MD JOEL
60534	1	07/14/09	2576	KIRSH MD EDWARD
60543	1	09/10/09	17085	LYON MD PAUL

## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60544	2	07/01/09	17076	KRENGEL MD SAMUEL
		07/02/09	16789	LYON MD PAUL
60545	1	11/02/09	18427	CORNFIELD MD JOEL
60546	1	07/23/09	17348	CORNFIELD MD JOEL
60558	3	01/21/09	14932	KRENGEL MD SAMUEL
		04/30/09	16194	CORNFIELD MD JOEL
		08/27/09	17728	CORNFIELD MD JOEL
60559	3	03/09/09	15336	CORNFIELD MD JOEL
		06/01/09	16456	LEYLAND II MD JOHN T
		08/05/09	17323	KRENGEL MD SAMUEL
60561	8	01/31/09	14869	SOSENKO MD GEORGE
		05/18/09	16452	CORNFIELD MD JOEL
		06/15/09	16837	CORNFIELD MD JOEL
		10/22/09	18472	CORNFIELD MD JOEL
		11/02/09	18371	CORNFIELD MD JOEL
		12/02/09	18726	LYON MD PAUL
		12/03/09	18371	CORNFIELD MD JOEL
60563	2	01/28/09	14894	OH MD JOSEPH
		07/18/09	16953	SOSENKO MD GEORGE
60564	2	07/10/09	15809	SMITH MD CRAIG
		09/21/09	17891	CORNFIELD MD JOEL
60585	1	08/31/09	17782	CORNFIELD MD JOEL
60605	1	10/19/09	18409	LEYLAND II MD JOHN T
60607	1	11/09/09	82	LEYLAND II MD JOHN T
60609	2	11/17/09	18450	KIRSH MD EDWARD
			18769	KIRSH MD EDWARD
60611	1	11/27/09	18950	SOSENKO MD GEORGE
60612	2	06/02/09	16345	KIRSH MD EDWARD
		12/07/09	18947	LEYLAND II MD JOHN T
60618	3	02/12/09	14985	SOSENKO MD GEORGE
		09/21/09	18019	LEYLAND II MD JOHN T
		10/26/09	18457	LEYLAND II MD JOHN T
60623	2	10/07/09	17933	KRENGEL MD SAMUEL
		10/21/09	18454	PARK MD SANGTAE
60624	2	07/20/09	412	LEYLAND II MD JOHN T
		09/14/09	412	LEYLAND II MD JOHN T



## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60629	9	01/29/09	15016	SUNDAR MD B
		02/03/09	15024	MISUREC MD PETER
		02/20/09	15274	KIRSH MD EDWARD
		03/30/09	15773	SUNDAR MD B
		05/05/09	16173	KIRSH MD EDWARD
		05/11/09	16146	SUNDAR MD B
		07/06/09	17070	SUNDAR MD B
		10/07/09	18302	MISUREC MD PETER
		12/01/09	18836	KIRSH MD EDWARD
60629-2729	1	04/22/09	16047	PARK MD SANGTAE
60632	4	05/01/09	16064	SUNDAR MD B
		09/08/09	11010	KIRSH MD EDWARD
		09/18/09	17568	SOSENKO MD GEORGE
		10/16/09	18398	SUNDAR MD B
60634	3	08/15/09	17570	SOSENKO MD GEORGE
		09/23/09	18111	SOSENKO MD GEORGE
		11/02/09	10736	LEYLAND II MD JOHN T
60638	4	03/10/09	15421	KIRSH MD EDWARD
		04/08/09	15818	MISUREC MD PETER
		06/02/09	16439	KIRSH MD EDWARD
		12/15/09	19141	KIRSH MD EDWARD
60639	5	02/14/09	15004	SOSENKO MD GEORGE
		06/12/09	16694	SOSENKO MD GEORGE
		08/03/09	17335	LEYLAND II MD JOHN T
		12/11/09	18990	SOSENKO MD GEORGE
		12/28/09	19330	LEYLAND II MD JOHN T
60640	1	05/04/09	16059	LEYLAND II MD JOHN T
60641	1	04/03/09	15618	SOSENKO MD GEORGE
60644	6	06/22/09	16897	LEYLAND II MD JOHN T
		08/03/09	17347	LEYLAND II MD JOHN T
		08/10/09	17459	LEYLAND II MD JOHN T
			17495	LEYLAND II MD JOHN T
		08/13/09	17520	PARK MD SANGTAE
		10/26/09	18473	ZIMMERMAN MD ROBER
60646	1	03/27/09	15405	SOSENKO MD GEORGE
60647	3	03/12/09	14508	SOSENKO MD GEORGE
		03/18/09	15319	SOSENKO MD GEORGE

## 2009 Laser Census by ZipCode

Pat Zip Code	Patients per Zip Code	Date of Service	Acct Number	Physician Name
60647...	3...	08/07/09	17457	SOSENKO MD GEORGE
60651	6	01/19/09	13875	LEYLAND II MD JOHN T
		03/30/09	15792	LEYLAND II MD JOHN T
		05/11/09	16304	LEYLAND II MD JOHN T
		05/22/09	16310	LEYLAND II MD JOHN T
		06/08/09	16670	LEYLAND II MD JOHN T
		06/15/09	5037	LEYLAND II MD JOHN T
60652	2	08/15/09	16322	SOSENKO MD GEORGE
		10/06/09	18162	KIRSH MD EDWARD
60707	3	03/23/09	15739	LEYLAND II MD JOHN T
		09/21/09	18025	LEYLAND II MD JOHN T
		11/09/09	18702	ZIMMERMAN MD ROBER
60804	11	01/27/09	14933	KIRSH MD EDWARD
		04/27/09	16202	SUNDAR MD B
		06/08/09	39	LEYLAND II MD JOHN T
		06/16/09	197	KIRSH MD EDWARD
		08/21/09	17586	SUNDAR MD B
		09/28/09	18029	SUNDAR MD B
		11/09/09	18703	ZIMMERMAN MD ROBER
		11/17/09	18580	KIRSH MD EDWARD
			18812	KIRSH MD EDWARD
		12/01/09	18821	KIRSH MD EDWARD
12/15/09	19171	KIRSH MD EDWARD		
64076	1	09/24/09	17988	MERRICK MD PAUL

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60007	SCHUSTER MD GEORGE	02/17/09	18199	CALCULUS OF KIDNEY
			43649	CALCULUS OF KIDNEY
		04/14/09	45572	CALCULUS OF KIDNEY
		10/01/09	49902	CALCULUS OF URETER
		10/22/09	49469	CALCULUS OF KIDNEY
			49615	CALCULUS OF KIDNEY
		11/24/09	40303	CALCULUS OF KIDNEY
		12/17/09	51966	CALCULUS OF URETER
60123	KHANNA MD RAMESH	06/22/09	47501	CALCULUS OF URETER
60126	BADWAN MD KHALID H	01/14/09	43134	CALCULUS OF KIDNEY
		02/06/09	43855	CALCULUS OF KIDNEY
		02/11/09	43873	CALCULUS OF URETER
		02/16/09	43705	CALCULUS OF KIDNEY
			43884	CALCULUS OF KIDNEY
			43954	CALCULUS OF KIDNEY
		02/17/09	44070	CALCULUS OF URETER
		03/11/09	43954	CALCULUS OF KIDNEY
		03/16/09	25550	CALCULUS OF KIDNEY
		03/20/09	44987	CALCULUS OF KIDNEY
		04/03/09	44987	CALCULUS OF KIDNEY
		04/22/09	45671	CALCULUS OF KIDNEY
		05/11/09	46320	CALCULUS OF KIDNEY
		05/18/09	45654	CALCULUS OF KIDNEY
		05/22/09	46537	CALCULUS OF KIDNEY
		06/01/09	46410	CALCULUS OF URETER
		06/15/09	46320	CALCULUS OF KIDNEY
		07/01/09	47579	CALCULUS OF KIDNEY
		07/13/09	14412	CALCULUS OF KIDNEY
			47997	CALCULUS OF URETER
		07/15/09	47892	CALCULUS OF URETER
		07/24/09	41103	CALCULUS OF KIDNEY
		07/27/09	48449	CALCULUS OF URETER
			48459	CALCULUS OF URETER
		08/05/09	48123	CALCULUS OF KIDNEY
		08/12/09	14412	CALCULUS OF KIDNEY
		08/19/09	49005	CALCULUS OF URETER
49030	CALCULUS OF URETER			

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60126...	BADWAN MD KHALID H...	08/24/09	48912	CALCULUS OF KIDNEY
		09/02/09	49400	CALCULUS OF KIDNEY
		09/14/09	9442	CALCULUS OF KIDNEY
			49545	CALCULUS OF KIDNEY
		10/16/09	50590	CALCULUS OF KIDNEY
		10/30/09	50817	CALCULUS OF URETER
		11/04/09	50590	CALCULUS OF KIDNEY
			51024	CALCULUS OF URETER
		11/20/09	51467	CALCULUS OF URETER
		11/25/09	51598	CALCULUS OF KIDNEY
		12/02/09	51300	CALCULUS OF KIDNEY
		12/11/09	51739	CALCULUS OF KIDNEY
		12/23/09	51664	CALCULUS OF KIDNEY
			52233	CALCULUS OF KIDNEY
	12/29/09	52504	CALCULUS OF KIDNEY	
	CINEL MD SCOTT	01/08/09	42361	CALCULUS OF URETER
		01/12/09	43012	CALCULUS OF KIDNEY
		01/30/09	43147	CALCULUS OF KIDNEY
			43414	CALCULUS OF KIDNEY
		02/26/09	3094	CALCULUS OF KIDNEY
		02/27/09	24371	CALCULUS OF KIDNEY
		03/12/09	44705	CALCULUS OF KIDNEY
			44745	CALCULUS OF KIDNEY
		03/20/09	43414	CALCULUS OF KIDNEY
		05/15/09	46031	CALCULUS OF KIDNEY
		05/29/09	43414	CALCULUS OF KIDNEY
		06/05/09	43414	CALCULUS OF KIDNEY
			46780	CALCULUS OF URETER
		06/12/09	29674	CALCULUS OF KIDNEY
		06/26/09	47489	CALCULUS OF KIDNEY
		07/24/09	29674	CALCULUS OF KIDNEY
		08/21/09	29674	CALCULUS OF KIDNEY
	09/25/09	49614	CALCULUS OF URETER	
	10/09/09	49889	CALCULUS OF KIDNEY	
	KINZLER MD GORDON	02/23/09	44317	CALCULUS OF KIDNEY
		04/09/09	45233	CALCULUS OF URETER
04/30/09		46071	CALCULUS OF URETER	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60126...	KINZLER MD GORDON...	08/10/09	48400	CALCULUS OF KIDNEY
		08/17/09	48986	CALCULUS OF KIDNEY
		09/09/09	49595	CALCULUS OF KIDNEY
		09/17/09	49591	CALCULUS OF KIDNEY
		09/24/09	49933	CALCULUS OF KIDNEY
			50033	CALCULUS OF KIDNEY
		10/07/09	36903	CALCULUS OF KIDNEY
		10/12/09	50510	CALCULUS OF KIDNEY
		10/26/09	50033	CALCULUS OF KIDNEY
		11/05/09	51143	CALCULUS OF KIDNEY
		11/09/09	36903	CALCULUS OF KIDNEY
	11/16/09	51412	CALCULUS OF KIDNEY	
	KISIELIUS MD PETRAS	01/29/09	42450	CALCULUS OF KIDNEY
		02/12/09	43793	CALCULUS OF URETER
		02/26/09	44073	CALCULUS OF KIDNEY
		03/05/09	42450	CALCULUS OF KIDNEY
		03/17/09	44668	CALCULUS OF URETER
		03/19/09	44767	CALCULUS OF KIDNEY
		04/08/09	44668	CALCULUS OF URETER
			44767	CALCULUS OF KIDNEY
		05/07/09	44891	CALCULUS OF KIDNEY
		05/26/09	44891	CALCULUS OF KIDNEY
		06/10/09	46680	CALCULUS OF KIDNEY
		06/11/09	44891	CALCULUS OF KIDNEY
		06/25/09	46680	CALCULUS OF KIDNEY
		07/07/09	47838	CALCULUS OF URETER
		07/23/09	48186	CALCULUS OF URETER
		08/04/09	48528	CALCULUS OF URETER
		08/06/09	48277	CALCULUS OF URETER
		08/14/09	49001	CALCULUS OF URETER
		09/15/09	49001	CALCULUS OF KIDNEY
		09/17/09	49622	CALCULUS OF KIDNEY
		10/20/09	49176	CALCULUS OF KIDNEY
	11/12/09	49176	CALCULUS OF KIDNEY	
11/19/09	47323	CALCULUS OF KIDNEY		
12/03/09	21693	CALCULUS OF KIDNEY		
12/10/09	21693	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60126...	KISIELIUS MD PETRAS...	12/17/09	52246	CALCULUS OF URETER	
		12/22/09	51919	CALCULUS OF KIDNEY	
60134	STEINBERG MD ABRAHAM	01/12/09	42910	CALCULUS OF KIDNEY	
		01/15/09	43163	CALCULUS OF URETER	
		02/02/09	43532	CALCULUS OF KIDNEY	
			43680	CALCULUS OF URETER	
		03/31/09	45156	CALCULUS OF KIDNEY	
		04/10/09	45507	CALCULUS OF KIDNEY	
		04/23/09	45546	CALCULUS OF KIDNEY	
		05/12/09	46229	CALCULUS OF URETER	
		05/19/09	18228	CALCULUS OF KIDNEY	
		05/27/09	46745	CALCULUS OF KIDNEY	
		06/29/09	47556	CALCULUS OF URETER	
		07/22/09	48233	CALCULUS OF URETER	
		08/04/09	8136	CALCULUS OF URETER	
		08/13/09	48497	CALCULUS OF KIDNEY	
		08/19/09	49063	CALCULUS OF URETER	
		09/14/09	20361	CALCULUS OF URETER	
		09/30/09	50087	CALCULUS OF URETER	
		10/19/09	50566	CALCULUS OF KIDNEY	
			50567	CALCULUS OF URETER	
		11/02/09	48497	CALCULUS OF KIDNEY	
12/28/09	52023	CALCULUS OF URETER			
60137	LISEK MD ERNST	05/29/09	46653	CALCULUS OF URETER	
		07/16/09	47062	CALCULUS OF KIDNEY	
		07/17/09	47487	CALCULUS OF KIDNEY	
		07/28/09	48481	CALCULUS OF KIDNEY	
		07/31/09	48469	CALCULUS OF URETER	
		09/01/09	49023	CALCULUS OF URETER	
		09/04/09	49353	CALCULUS OF URETER	
		09/10/09	49412	CALCULUS OF KIDNEY	
		09/15/09	49653	CALCULUS OF URETER	
		11/20/09	51490	CALCULUS OF KIDNEY	
		MERRICK MD PAUL	01/12/09	42155	CALCULUS OF KIDNEY
			01/26/09	42934	CALCULUS OF KIDNEY
				42985	CALCULUS OF KIDNEY
	02/06/09		42971	CALCULUS OF KIDNEY	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	MERRICK MD PAUL...	02/24/09	43915	CALCULUS OF URETER
		03/19/09	44990	CALCULUS OF URETER
		04/20/09	45201	CALCULUS OF KIDNEY
		05/14/09	46130	CALCULUS OF KIDNEY
		05/21/09	36917	CALCULUS OF KIDNEY
			45710	CALCULUS OF KIDNEY
		06/18/09	46751	CALCULUS OF KIDNEY
			47120	CALCULUS OF URETER
		07/02/09	47747	CALCULUS OF KIDNEY
		07/16/09	29493	CALCULUS OF KIDNEY
		07/30/09	45201	CALCULUS OF KIDNEY
		10/22/09	1427	CALCULUS OF KIDNEY
		12/03/09	51413	CALCULUS OF KIDNEY
		12/07/09	50747	CALCULUS OF KIDNEY
		12/17/09	18703	CALCULUS OF URETER
	SMITH MD CRAIG	01/03/09	1928	CALCULUS OF KIDNEY
			42890	CALCULUS OF KIDNEY
		01/09/09	42947	CALCULUS OF URETER
			42961	CALCULUS OF KIDNEY
		01/16/09	1928	CALCULUS OF KIDNEY
			23747	CALCULUS OF KIDNEY
			43275	CALCULUS OF KIDNEY
		01/23/09	43158	CALCULUS OF KIDNEY
		02/06/09	17576	CALCULUS OF KIDNEY
			24357	CALCULUS OF KIDNEY
			26919	CALCULUS OF KIDNEY
			43204	CALCULUS OF KIDNEY
			43235	CALCULUS OF KIDNEY
			43646	CALCULUS OF KIDNEY
		02/11/09	43782	CALCULUS OF URETER
		02/20/09	8875	CALCULUS OF KIDNEY
			8285	CALCULUS OF KIDNEY
23747	CALCULUS OF KIDNEY			
35054	CALCULUS OF KIDNEY			
43605	CALCULUS OF KIDNEY			
43975	CALCULUS OF KIDNEY			
44162	CALCULUS OF KIDNEY			

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60137...	SMITH MD CRAIG...	02/27/09	44484	CALCULUS OF URETER	
		03/20/09	8875	CALCULUS OF KIDNEY	
			43085	CALCULUS OF KIDNEY	
			44288	CALCULUS OF KIDNEY	
			44507	CALCULUS OF URETER	
			04/10/09	45541	CALCULUS OF URETER
		04/10/09	45558	CALCULUS OF KIDNEY	
			04/17/09	45757	CALCULUS OF KIDNEY
		04/24/09	9747	CALCULUS OF KIDNEY	
			20696	CALCULUS OF KIDNEY	
		05/15/09	46154	CALCULUS OF KIDNEY	
		05/20/09	46619	CALCULUS OF URETER	
		06/26/09	47498	CALCULUS OF KIDNEY	
			47624	CALCULUS OF URETER	
			47637	CALCULUS OF KIDNEY	
		07/10/09	46674	CALCULUS OF KIDNEY	
			47488	CALCULUS OF KIDNEY	
		07/17/09	25077	CALCULUS OF URETER	
			47682	CALCULUS OF KIDNEY	
		07/22/09	47468	CALCULUS OF URETER	
			48282	CALCULUS OF URETER	
		08/07/09	46646	CALCULUS OF KIDNEY	
		08/27/09	49315	CALCULUS OF KIDNEY	
		09/10/09	49457	CALCULUS OF URETER	
		10/30/09	6537	CALCULUS OF KIDNEY	
			25385	CALCULUS OF URETER	
			50874	CALCULUS OF KIDNEY	
		11/13/09	51106	CALCULUS OF KIDNEY	
			51115	CALCULUS OF URETER	
			51138	CALCULUS OF KIDNEY	
		12/16/09	19277	CALCULUS OF KIDNEY	
		12/19/09	6537	CALCULUS OF KIDNEY	
			51606	CALCULUS OF KIDNEY	
			51923	CALCULUS OF KIDNEY	
		UNG MD JEAN OU	01/17/09	43116	CALCULUS OF URETER
			02/13/09	37672	CALCULUS OF KIDNEY
			02/27/09	37672	CALCULUS OF URETER



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	UNG MD JEAN OU...	02/27/09...	43233	CALCULUS OF KIDNEY
		03/19/09	43233	CALCULUS OF KIDNEY
		04/02/09	45355	CALCULUS OF URETER
		04/07/09	45421	CALCULUS OF KIDNEY
			45433	CALCULUS OF URETER
		04/28/09	45888	CALCULUS OF KIDNEY
		05/07/09	46252	CALCULUS OF KIDNEY
		06/09/09	46314	CALCULUS OF KIDNEY
		06/23/09	45231	CALCULUS OF KIDNEY
		07/06/09	47793	CALCULUS OF KIDNEY
			47805	CALCULUS OF URETER
		07/08/09	47911	CALCULUS OF URETER
		07/10/09	47420	CALCULUS OF URETER
		07/16/09	46835	CALCULUS OF KIDNEY
			48133	CALCULUS OF URETER
		08/11/09	48579	CALCULUS OF KIDNEY
			48725	CALCULUS OF KIDNEY
		08/21/09	17083	CALCULUS OF KIDNEY
		08/31/09	48818	CALCULUS OF KIDNEY
			49076	CALCULUS OF KIDNEY
		09/01/09	49117	CALCULUS OF KIDNEY
		09/29/09	6537	CALCULUS OF KIDNEY
		10/13/09	49076	CALCULUS OF KIDNEY
10/23/09	50696	CALCULUS OF KIDNEY		
12/07/09	51653	CALCULUS OF KIDNEY		
12/31/09	52227	CALCULUS OF URETER		
60160	HARRIS MD RICHARD	07/30/09	48190	CALCULUS OF URETER
		10/09/09	48190	CALCULUS OF URETER
60160	LAI MD ROBERT S	01/23/09	42644	CALCULUS OF KIDNEY
		01/28/09	43540	CALCULUS OF KIDNEY
		01/30/09	43541	CALCULUS OF URETER
		02/02/09	42708	CALCULUS OF KIDNEY
			43630	CALCULUS OF KIDNEY
		02/20/09	42644	CALCULUS OF KIDNEY
		03/03/09	44456	CALCULUS OF KIDNEY
		03/27/09	44947	CALCULUS OF KIDNEY
			45176	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60160...	LAI MD ROBERT S...	05/08/09	46270	CALCULUS OF URETER
		06/05/09	46864	CALCULUS OF KIDNEY
		07/07/09	47808	CALCULUS OF KIDNEY
		07/10/09	47988	CALCULUS OF URETER
		07/14/09	48049	CALCULUS OF KIDNEY
		07/22/09	48237	CALCULUS OF URETER
		08/14/09	39319	CALCULUS OF KIDNEY
		08/28/09	49134	CALCULUS OF KIDNEY
		09/11/09	49666	CALCULUS OF URETER
		09/23/09	49673	CALCULUS OF KIDNEY
		10/01/09	50250	CALCULUS OF URETER
		10/02/09	50280	CALCULUS OF URETER
		10/13/09	49873	CALCULUS OF KIDNEY
		10/16/09	50873	CALCULUS OF URETER
		10/27/09	50742	CALCULUS OF KIDNEY
		11/10/09	51242	CALCULUS OF KIDNEY
			51283	CALCULUS OF URETER
		12/04/09	51728	CALCULUS OF URETER
		12/16/09	52010	CALCULUS OF KIDNEY
		12/18/09	52119	CALCULUS OF KIDNEY
60178	BURSTEIN MD JAY D	01/07/09	42859	CALCULUS OF KIDNEY
		01/30/09	43382	CALCULUS OF KIDNEY
		02/27/09	9532	CALCULUS OF KIDNEY
			44219	CALCULUS OF KIDNEY
			44410	CALCULUS OF URETER
		04/10/09	45371	CALCULUS OF KIDNEY
			45413	CALCULUS OF KIDNEY
		04/24/09	44410	CALCULUS OF KIDNEY
			45723	CALCULUS OF URETER
		07/01/09	47450	CALCULUS OF KIDNEY
		08/14/09	48219	CALCULUS OF KIDNEY
		08/28/09	49138	CALCULUS OF URETER
		09/11/09	21984	CALCULUS OF KIDNEY
			49646	CALCULUS OF KIDNEY
		09/25/09	50078	CALCULUS OF KIDNEY
		10/29/09	50579	CALCULUS OF URETER
50903	CALCULUS OF KIDNEY			

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60178...	BURSTEIN MD JAY D...	11/25/09	49646	CALCULUS OF KIDNEY
		12/08/09	51900	CALCULUS OF URETER
		12/16/09	52311	CALCULUS OF KIDNEY
	BUX MD SAJIT	01/26/09	43066	CALCULUS OF KIDNEY
			43355	CALCULUS OF KIDNEY
			43520	CALCULUS OF URETER
		02/25/09	43636	CALCULUS OF KIDNEY
		04/09/09	45224	CALCULUS OF KIDNEY
			45370	CALCULUS OF URETER
		04/14/09	45470	CALCULUS OF KIDNEY
			45652	CALCULUS OF KIDNEY
		04/22/09	45761	CALCULUS OF KIDNEY
		06/10/09	21737	CALCULUS OF KIDNEY
			45470	CALCULUS OF KIDNEY
			45477	CALCULUS OF KIDNEY
		07/27/09	48447	CALCULUS OF KIDNEY
		08/06/09	48448	CALCULUS OF KIDNEY
		08/13/09	48755	CALCULUS OF KIDNEY
			48910	CALCULUS OF KIDNEY
		09/02/09	49193	CALCULUS OF URETER
		09/09/09	49251	CALCULUS OF KIDNEY
			49331	CALCULUS OF KIDNEY
		09/15/09	49000	CALCULUS OF KIDNEY
			49358	CALCULUS OF KIDNEY
		09/23/09	11772	CALCULUS OF URETER
			49193	CALCULUS OF URETER
			49357	CALCULUS OF KIDNEY
		10/12/09	50450	CALCULUS OF KIDNEY
		10/22/09	41637	CALCULUS OF URETER
			50484	CALCULUS OF KIDNEY
50704	CALCULUS OF URETER			
12/10/09	22422	CALCULUS OF KIDNEY		
12/15/09	52125	CALCULUS OF KIDNEY		
	52207	CALCULUS OF URETER		
60187	CHALLENGER MD ROBER	01/22/09	43292	CALCULUS OF URETER
		02/18/09	40592	CALCULUS OF URETER
		02/24/09	44242	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60187...	CHALLENGER MD ROBER	03/06/09	40592	CALCULUS OF URETER
		03/19/09	44499	CALCULUS OF KIDNEY
			44687	CALCULUS OF KIDNEY
		04/14/09	1886	CALCULUS OF KIDNEY
		04/30/09	12997	CALCULUS OF KIDNEY
			43594	CALCULUS OF KIDNEY
			45964	CALCULUS OF KIDNEY
			45968	CALCULUS OF KIDNEY
		05/14/09	41718	CALCULUS OF KIDNEY
			45530	CALCULUS OF KIDNEY
			46116	CALCULUS OF KIDNEY
			46117	CALCULUS OF KIDNEY
		07/09/09	46604	CALCULUS OF KIDNEY
			47497	CALCULUS OF KIDNEY
			47745	CALCULUS OF URETER
			47812	CALCULUS OF KIDNEY
			47819	CALCULUS OF KIDNEY
		08/06/09	44761	CALCULUS OF KIDNEY
			46122	CALCULUS OF KIDNEY
			46484	CALCULUS OF KIDNEY
			47856	CALCULUS OF KIDNEY
			48335	CALCULUS OF KIDNEY
		09/11/09	48758	CALCULUS OF KIDNEY
		09/22/09	49859	CALCULUS OF URETER
		10/08/09	50214	CALCULUS OF KIDNEY
		10/29/09	50892	CALCULUS OF KIDNEY
		11/19/09	51162	CALCULUS OF KIDNEY
	11/27/09	11584	CALCULUS OF KIDNEY	
	12/22/09	11333	CALCULUS OF KIDNEY	
	12/24/09	47055	CALCULUS OF KIDNEY	
		52214	CALCULUS OF URETER	
		52277	CALCULUS OF KIDNEY	
	GIBLIN MD JAMES	02/19/09	43579	CALCULUS OF KIDNEY
43711			CALCULUS OF KIDNEY	
43847			CALCULUS OF KIDNEY	
44041			CALCULUS OF KIDNEY	
04/16/09		44684	CALCULUS OF KIDNEY	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60187...	GIBLIN MD JAMES...	04/16/09...	44687	CALCULUS OF KIDNEY	
			45499	CALCULUS OF KIDNEY	
		06/11/09	1886	CALCULUS OF KIDNEY	
			11333	CALCULUS OF KIDNEY	
			48122	CALCULUS OF KIDNEY	
			46484	CALCULUS OF KIDNEY	
			47001	CALCULUS OF KIDNEY	
		06/17/09	22035	CALCULUS OF URETER	
		09/30/09	49845	CALCULUS OF KIDNEY	
			49941	CALCULUS OF KIDNEY	
			50052	CALCULUS OF URETER	
		12/10/09	50465	CALCULUS OF KIDNEY	
			51375	CALCULUS OF KIDNEY	
			51500	CALCULUS OF KIDNEY	
			51699	CALCULUS OF KIDNEY	
			51961	CALCULUS OF URETER	
		NUZZARELLO MD JOSEPH	01/08/09	42531	CALCULUS OF KIDNEY
				42913	CALCULUS OF KIDNEY
	03/03/09		44007	CALCULUS OF URETER	
			44405	CALCULUS OF KIDNEY	
			47035	CALCULUS OF KIDNEY	
	06/25/09		47055	CALCULUS OF URETER	
			47110	CALCULUS OF KIDNEY	
			48758	CALCULUS OF KIDNEY	
	08/20/09		48849	CALCULUS OF URETER	
			48904	CALCULUS OF URETER	
			29798	CALCULUS OF KIDNEY	
	09/03/09		49238	CALCULUS OF KIDNEY	
			49386	CALCULUS OF URETER	
			49390	CALCULUS OF KIDNEY	
			49390	CALCULUS OF KIDNEY	
	10/15/09	50465	CALCULUS OF KIDNEY		
		50477	CALCULUS OF URETER		
		50519	CALCULUS OF KIDNEY		
		42025	CALCULUS OF KIDNEY		
	TROCKMAN MD BRETT	02/05/09	43573	CALCULUS OF KIDNEY	
			43584	CALCULUS OF URETER	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60187...	TROCKMAN MD BRETT...	02/05/09...	43594	CALCULUS OF KIDNEY
			43615	CALCULUS OF URETER
		04/02/09	44330	CALCULUS OF KIDNEY
			44684	CALCULUS OF KIDNEY
		05/28/09	16992	CALCULUS OF KIDNEY
			44684	CALCULUS OF KIDNEY
			46450	CALCULUS OF KIDNEY
			46604	CALCULUS OF KIDNEY
		06/18/09	46819	CALCULUS OF URETER
		07/23/09	1898	CALCULUS OF KIDNEY
			47780	CALCULUS OF KIDNEY
			48315	CALCULUS OF URETER
		09/17/09	7623	CALCULUS OF KIDNEY
			49831	CALCULUS OF KIDNEY
		11/12/09	50343	CALCULUS OF KIDNEY
			50694	CALCULUS OF URETER
			51184	CALCULUS OF URETER
			51189	CALCULUS OF URETER
			51232	CALCULUS OF KIDNEY
60188	DARWISH MD MOHAMMEI	01/26/09	43472	CALCULUS OF URETER
60190	CHRISTENSEN MD JOHN	02/20/09	31486	CALCULUS OF KIDNEY
			43580	CALCULUS OF KIDNEY
			44143	CALCULUS OF KIDNEY
		03/20/09	25173	CALCULUS OF KIDNEY
			27400	CALCULUS OF URETER
			29146	CALCULUS OF URETER
			40460	CALCULUS OF URETER
			41643	CALCULUS OF KIDNEY
			44921	CALCULUS OF URETER
		45023	CALCULUS OF URETER	
		04/03/09	45092	CALCULUS OF KIDNEY
		04/17/09	44280	CALCULUS OF KIDNEY
			45023	CALCULUS OF URETER
			45412	CALCULUS OF KIDNEY
			45577	CALCULUS OF URETER
		05/01/09	45759	CALCULUS OF KIDNEY
			45881	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60190...	CHRISTENSEN MD JOHN.	05/01/09...	46049	CALCULUS OF URETER	
		06/12/09	26504	CALCULUS OF KIDNEY	
			46215	CALCULUS OF KIDNEY	
			46462	CALCULUS OF URETER	
			46724	CALCULUS OF KIDNEY	
			46964	CALCULUS OF KIDNEY	
			47111	CALCULUS OF KIDNEY	
			47154	CALCULUS OF URETER	
			47155	CALCULUS OF KIDNEY	
		06/30/09	37766	CALCULUS OF URETER	
			47625	CALCULUS OF URETER	
			47686	CALCULUS OF URETER	
		07/10/09	47648	CALCULUS OF KIDNEY	
			47795	CALCULUS OF KIDNEY	
		07/14/09	47857	CALCULUS OF URETER	
		08/28/09	21014	CALCULUS OF KIDNEY	
			49060	CALCULUS OF URETER	
			49153	CALCULUS OF URETER	
		09/11/09	49302	CALCULUS OF URETER	
			49434	CALCULUS OF KIDNEY	
			10/09/09	30323	CALCULUS OF URETER
		47042		CALCULUS OF KIDNEY	
		48356		CALCULUS OF URETER	
		49536		CALCULUS OF KIDNEY	
		50007		CALCULUS OF URETER	
		50356		CALCULUS OF URETER	
		12/18/09	50461	CALCULUS OF URETER	
			22866	CALCULUS OF KIDNEY	
			51328	CALCULUS OF URETER	
			52113	CALCULUS OF KIDNEY	
			52297	CALCULUS OF KIDNEY	
		12/22/09	52337	CALCULUS OF KIDNEY	
			48479	CALCULUS OF URETER	
			50181	CALCULUS OF KIDNEY	
			52385	CALCULUS OF URETER	
		FISHER MD MARK	09/25/09	49754	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	FISHER MD MARK...	09/25/09...	49968	CALCULUS OF KIDNEY
		12/11/09	51856	CALCULUS OF KIDNEY
	LENTING MD ERIC	01/15/09	43255	CALCULUS OF URETER
		01/23/09	21415	CALCULUS OF KIDNEY
	27512		CALCULUS OF KIDNEY	
	43028		CALCULUS OF KIDNEY	
	43332		CALCULUS OF KIDNEY	
	43463		CALCULUS OF KIDNEY	
	01/30/09	43462	CALCULUS OF URETER	
		43533	CALCULUS OF KIDNEY	
		43592	CALCULUS OF KIDNEY	
		43676	CALCULUS OF KIDNEY	
	02/27/09	41714	CALCULUS OF KIDNEY	
		44280	CALCULUS OF KIDNEY	
		44389	CALCULUS OF KIDNEY	
	03/12/09	44821	CALCULUS OF KIDNEY	
	03/13/09	4646	CALCULUS OF KIDNEY	
		13300	CALCULUS OF KIDNEY	
		23555	CALCULUS OF KIDNEY	
		44178	CALCULUS OF KIDNEY	
		44531	CALCULUS OF KIDNEY	
		44700	CALCULUS OF KIDNEY	
	04/03/09	19395	CALCULUS OF URETER	
		45092	CALCULUS OF KIDNEY	
		45127	CALCULUS OF KIDNEY	
		45187	CALCULUS OF URETER	
		45188	CALCULUS OF KIDNEY	
		45298	CALCULUS OF KIDNEY	
	04/07/09	34992	CALCULUS OF URETER	
	04/09/09	42064	CALCULUS OF KIDNEY	
	05/15/09	15833	CALCULUS OF URETER	
		32599	CALCULUS OF KIDNEY	
		45900	CALCULUS OF KIDNEY	
46379		CALCULUS OF URETER		
46380		CALCULUS OF KIDNEY		
46488		CALCULUS OF URETER		
46525		CALCULUS OF URETER		



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	LENTING MD ERIC...	05/15/09...	48530	CALCULUS OF URETER
		05/29/09	9626	CALCULUS OF KIDNEY
			42574	CALCULUS OF KIDNEY
			45881	CALCULUS OF URETER
			46747	CALCULUS OF KIDNEY
			46827	CALCULUS OF URETER
			46867	CALCULUS OF URETER
			06/19/09	1504
		22267		CALCULUS OF URETER
		38990		CALCULUS OF URETER
		46472		CALCULUS OF KIDNEY
		46796		CALCULUS OF KIDNEY
		46870		CALCULUS OF URETER
		47338		CALCULUS OF URETER
		47459	CALCULUS OF KIDNEY	
		06/25/09	47590	CALCULUS OF URETER
		06/26/09	47593	CALCULUS OF URETER
		07/10/09	47826	CALCULUS OF URETER
			47861	CALCULUS OF KIDNEY
			47868	CALCULUS OF KIDNEY
		07/31/09	34173	CALCULUS OF KIDNEY
			48349	CALCULUS OF URETER
			48378	CALCULUS OF KIDNEY
			48405	CALCULUS OF KIDNEY
			48466	CALCULUS OF URETER
			48510	CALCULUS OF URETER
		08/14/09	48967	CALCULUS OF KIDNEY
		09/17/09	48193	CALCULUS OF KIDNEY
		09/18/09	17217	CALCULUS OF KIDNEY
			47861	CALCULUS OF URETER
			49748	CALCULUS OF URETER
			49930	CALCULUS OF URETER
		09/24/09	50062	CALCULUS OF KIDNEY
		10/02/09	29860	CALCULUS OF KIDNEY
			49748	CALCULUS OF URETER
		10/16/09	20095	CALCULUS OF KIDNEY
45043	CALCULUS OF KIDNEY			

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60190...	LENTING MD ERIC...	10/16/09...	47459	CALCULUS OF KIDNEY	
			50578	CALCULUS OF KIDNEY	
			50582	CALCULUS OF KIDNEY	
			50614	CALCULUS OF KIDNEY	
			50695	CALCULUS OF KIDNEY	
		11/06/09	32599	CALCULUS OF KIDNEY	
			50181	CALCULUS OF KIDNEY	
			50939	CALCULUS OF URETER	
			51103	CALCULUS OF URETER	
			51104	CALCULUS OF KIDNEY	
			51218	CALCULUS OF KIDNEY	
		11/16/09	48356	CALCULUS OF URETER	
			51384	CALCULUS OF KIDNEY	
		11/23/09	51218	CALCULUS OF KIDNEY	
		11/24/09	51554	CALCULUS OF URETER	
		12/04/09	8250	CALCULUS OF KIDNEY	
			23091	CALCULUS OF URETER	
			50356	CALCULUS OF KIDNEY	
			50793	CALCULUS OF KIDNEY	
			51639	CALCULUS OF KIDNEY	
			51738	CALCULUS OF URETER	
			51795	CALCULUS OF KIDNEY	
		12/18/09	50356	CALCULUS OF URETER	
			52295	CALCULUS OF URETER	
			52326	CALCULUS OF URETER	
		OH MD JOSEPH	04/01/09	29472	CALCULUS OF KIDNEY
			04/08/09	26648	CALCULUS OF KIDNEY
			05/13/09	46019	CALCULUS OF KIDNEY
	46280			CALCULUS OF URETER	
	05/20/09		45248	CALCULUS OF URETER	
	08/26/09		48485	CALCULUS OF KIDNEY	
	09/16/09		49743	CALCULUS OF KIDNEY	
	11/18/09		50038	CALCULUS OF KIDNEY	
	12/09/09	51923	CALCULUS OF URETER		
	PLANTE MD JOHN	01/16/09	42344	CALCULUS OF KIDNEY	
			42941	CALCULUS OF URETER	
			43103	CALCULUS OF URETER	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	PLANTE MD JOHN...	01/16/09...	43165	CALCULUS OF KIDNEY
		02/13/09	4214	CALCULUS OF KIDNEY
			30323	CALCULUS OF URETER
			43719	CALCULUS OF KIDNEY
			43836	CALCULUS OF KIDNEY
			43962	CALCULUS OF URETER
			03/27/09	44500
		45041		CALCULUS OF KIDNEY
		45043		CALCULUS OF KIDNEY
		45161		CALCULUS OF KIDNEY
		45192		CALCULUS OF URETER
		05/22/09	13300	CALCULUS OF KIDNEY
			21954	CALCULUS OF URETER
			35052	CALCULUS OF KIDNEY
			43580	CALCULUS OF KIDNEY
		06/26/09	4214	CALCULUS OF KIDNEY
			4646	CALCULUS OF KIDNEY
			27512	CALCULUS OF URETER
			40879	CALCULUS OF KIDNEY
			46965	CALCULUS OF KIDNEY
			47111	CALCULUS OF KIDNEY
		07/17/09	22405	CALCULUS OF KIDNEY
			47544	CALCULUS OF URETER
			47647	CALCULUS OF KIDNEY
			47859	CALCULUS OF KIDNEY
			47956	CALCULUS OF URETER
			48065	CALCULUS OF URETER
			48099	CALCULUS OF URETER
			48193	CALCULUS OF KIDNEY
		08/07/09	10486	CALCULUS OF URETER
			33759	CALCULUS OF KIDNEY
			47861	CALCULUS OF URETER
			48479	CALCULUS OF URETER
			48614	CALCULUS OF URETER
			48724	CALCULUS OF URETER
			48879	CALCULUS OF KIDNEY
		08/21/09	39241	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	PLANTE MD JOHN...	08/21/09...	48271	CALCULUS OF KIDNEY
			48856	CALCULUS OF KIDNEY
			48943	CALCULUS OF KIDNEY
		09/25/09	36824	CALCULUS OF KIDNEY
			38990	CALCULUS OF KIDNEY
			48851	CALCULUS OF KIDNEY
			50007	CALCULUS OF URETER
		10/23/09	50044	CALCULUS OF URETER
			50744	CALCULUS OF KIDNEY
			50745	CALCULUS OF URETER
			50853	CALCULUS OF KIDNEY
		11/03/09	51107	CALCULUS OF URETER
	RASHID MD MICHAEL A	01/09/09	23096	CALCULUS OF KIDNEY
			39463	CALCULUS OF URETER
			41528	CALCULUS OF KIDNEY
			42907	CALCULUS OF URETER
		01/13/09	43067	CALCULUS OF URETER
		01/16/09	43159	CALCULUS OF KIDNEY
			43166	CALCULUS OF URETER
			43239	CALCULUS OF KIDNEY
			43367	CALCULUS OF KIDNEY
		02/05/09	21415	CALCULUS OF URETER
			43795	CALCULUS OF URETER
			43826	CALCULUS OF URETER
		02/06/09	25173	CALCULUS OF KIDNEY
		02/17/09	44144	CALCULUS OF KIDNEY
			44178	CALCULUS OF KIDNEY
			44185	CALCULUS OF URETER
		03/06/09	11122	CALCULUS OF URETER
			43367	CALCULUS OF KIDNEY
			44144	CALCULUS OF KIDNEY
			44185	CALCULUS OF URETER
	44500		CALCULUS OF URETER	
44501	CALCULUS OF KIDNEY			
03/31/09	21415	CALCULUS OF KIDNEY		
04/02/09	43719	CALCULUS OF KIDNEY		
04/24/09	4214	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	RASHID MD MICHAEL A...	04/24/09...	4646	CALCULUS OF KIDNEY
			17147	CALCULUS OF KIDNEY
			45746	CALCULUS OF URETER
			45857	CALCULUS OF KIDNEY
			45900	CALCULUS OF URETER
		05/08/09	46186	CALCULUS OF KIDNEY
			46187	CALCULUS OF URETER
			46188	CALCULUS OF KIDNEY
			46189	CALCULUS OF URETER
			46190	CALCULUS OF KIDNEY
			46306	CALCULUS OF URETER
		06/05/09	31680	CALCULUS OF URETER
			36824	CALCULUS OF KIDNEY
			46905	CALCULUS OF URETER
			47060	CALCULUS OF KIDNEY
		07/24/09	47111	CALCULUS OF KIDNEY
			48235	CALCULUS OF KIDNEY
			48252	CALCULUS OF KIDNEY
			48253	CALCULUS OF URETER
			48349	CALCULUS OF URETER
		08/14/09	36824	CALCULUS OF KIDNEY
			46462	CALCULUS OF URETER
			48193	CALCULUS OF KIDNEY
			48314	CALCULUS OF KIDNEY
			48356	CALCULUS OF KIDNEY
			48377	CALCULUS OF KIDNEY
			48804	CALCULUS OF URETER
			48851	CALCULUS OF KIDNEY
			48886	CALCULUS OF KIDNEY
		48917	CALCULUS OF URETER	
		09/04/09	28921	CALCULUS OF KIDNEY
			48193	CALCULUS OF KIDNEY
			48314	CALCULUS OF KIDNEY
			48756	CALCULUS OF KIDNEY
			49303	CALCULUS OF URETER
		10/02/09	47647	CALCULUS OF KIDNEY
			48917	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description		
60190...	RASHID MD MICHAEL A...	10/02/09...	50128	CALCULUS OF KIDNEY		
			50143	CALCULUS OF KIDNEY		
			50181	CALCULUS OF KIDNEY		
		10/30/09		45577	CALCULUS OF KIDNEY	
				50356	CALCULUS OF KIDNEY	
				50793	CALCULUS OF KIDNEY	
		11/20/09		1004	CALCULUS OF KIDNEY	
				10486	CALCULUS OF KIDNEY	
				51494	CALCULUS OF URETER	
				51514	CALCULUS OF URETER	
				51572	CALCULUS OF URETER	
				51596	CALCULUS OF URETER	
		12/11/09		51600	CALCULUS OF KIDNEY	
				12150	CALCULUS OF KIDNEY	
				51827	CALCULUS OF KIDNEY	
				52042	CALCULUS OF KIDNEY	
		60195	TALLURI MD S	01/14/09	43211	CALCULUS OF KIDNEY
					26684	CALCULUS OF KIDNEY
				01/23/09		43108
43211	CALCULUS OF KIDNEY					
43348	CALCULUS OF KIDNEY					
01/31/09				43706	CALCULUS OF URETER	
02/27/09				26684	CALCULUS OF KIDNEY	
03/02/09				44444	CALCULUS OF URETER	
04/06/09				44444	CALCULUS OF URETER	
04/22/09				45752	CALCULUS OF KIDNEY	
05/13/09				46268	CALCULUS OF URETER	
				46325	CALCULUS OF KIDNEY	
06/03/09				25180	CALCULUS OF KIDNEY	
				46925	CALCULUS OF KIDNEY	
06/05/09				46268	CALCULUS OF URETER	
08/17/09				48560	CALCULUS OF KIDNEY	
				48892	CALCULUS OF URETER	
08/28/09				41899	CALCULUS OF KIDNEY	
09/02/09		49166	CALCULUS OF KIDNEY			
09/25/09		50008	CALCULUS OF KIDNEY			

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60195...	TALLURI MD S...	09/30/09	50008	CALCULUS OF KIDNEY
		10/14/09	50534	CALCULUS OF KIDNEY
		11/11/09	51171	CALCULUS OF URETER
		11/13/09	51353	CALCULUS OF KIDNEY
60302	LEYLAND II MD JOHN T	01/12/09	28404	CALCULUS OF URETER
		02/02/09	43180	CALCULUS OF URETER
		03/09/09	43384	CALCULUS OF URETER
			44624	CALCULUS OF KIDNEY
		03/23/09	43180	CALCULUS OF KIDNEY
		06/29/09	47284	CALCULUS OF KIDNEY
		07/06/09	47829	CALCULUS OF URETER
		07/13/09	47284	CALCULUS OF KIDNEY
		07/27/09	47284	CALCULUS OF KIDNEY
		08/17/09	3605	CALCULUS OF URETER
		08/31/09	47284	CALCULUS OF KIDNEY
		09/04/09	49523	CALCULUS OF URETER
		09/28/09	40722	CALCULUS OF URETER
			49523	CALCULUS OF KIDNEY
			49908	CALCULUS OF KIDNEY
			49914	CALCULUS OF URETER
		10/07/09	49983	CALCULUS OF URETER
10/26/09	49908	CALCULUS OF KIDNEY		
11/16/09	11339	CALCULUS OF KIDNEY		
	51258	CALCULUS OF KIDNEY		
60305	TOMERA MD FRED	01/12/09	43044	CALCULUS OF URETER
		04/23/09	6520	CALCULUS OF KIDNEY
		06/03/09	46992	CALCULUS OF KIDNEY
		06/10/09	43044	CALCULUS OF URETER
		06/24/09	46992	CALCULUS OF KIDNEY
		07/08/09	47806	CALCULUS OF KIDNEY
		09/04/09	49516	CALCULUS OF KIDNEY
		09/22/09	49966	CALCULUS OF URETER
		09/25/09	50068	CALCULUS OF URETER
		10/14/09	46992	CALCULUS OF KIDNEY
		10/15/09	50609	CALCULUS OF KIDNEY
		11/05/09	1855	CALCULUS OF URETER
		12/07/09	51950	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	TOMERA MD FRED...	12/09/09	46992	CALCULUS OF KIDNEY
		12/21/09	52414	CALCULUS OF URETER
	ZIMMERMAN MD ROBERT	01/19/09	41560	CALCULUS OF KIDNEY
			41749	CALCULUS OF URETER
			43180	CALCULUS OF URETER
			43187	CALCULUS OF KIDNEY
			43226	CALCULUS OF KIDNEY
			43186	CALCULUS OF URETER
		01/26/09	43226	CALCULUS OF KIDNEY
			43384	CALCULUS OF URETER
			43398	CALCULUS OF KIDNEY
		01/28/09	43440	CALCULUS OF KIDNEY
			43557	CALCULUS OF URETER
	02/11/09	41749	CALCULUS OF URETER	
		43186	CALCULUS OF KIDNEY	
		43384	CALCULUS OF KIDNEY	
	02/16/09	23393	CALCULUS OF KIDNEY	
		43398	CALCULUS OF KIDNEY	
		43557	CALCULUS OF URETER	
		44025	CALCULUS OF URETER	
	02/23/09	24436	CALCULUS OF KIDNEY	
		43180	CALCULUS OF URETER	
		43440	CALCULUS OF URETER	
	02/28/09	44459	CALCULUS OF KIDNEY	
	03/02/09	23393	CALCULUS OF KIDNEY	
		43384	CALCULUS OF URETER	
		44025	CALCULUS OF KIDNEY	
		44495	CALCULUS OF URETER	
	03/09/09	43440	CALCULUS OF KIDNEY	
		44459	CALCULUS OF URETER	
		44495	CALCULUS OF KIDNEY	
		44582	CALCULUS OF URETER	
	03/16/09	24436	CALCULUS OF URETER	
36606		CALCULUS OF KIDNEY		
44677		CALCULUS OF KIDNEY		
44770		CALCULUS OF KIDNEY		
44790		CALCULUS OF KIDNEY		



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	03/23/09	18523	CALCULUS OF KIDNEY
		03/30/09	43384	CALCULUS OF URETER
			43557	CALCULUS OF URETER
			44770	CALCULUS OF KIDNEY
		04/06/09	4728	CALCULUS OF KIDNEY
			13720	CALCULUS OF KIDNEY
			44677	CALCULUS OF URETER
		04/13/09	41226	CALCULUS OF KIDNEY
			43440	CALCULUS OF URETER
		04/20/09	13720	CALCULUS OF KIDNEY
			45764	CALCULUS OF KIDNEY
		04/27/09	3605	CALCULUS OF KIDNEY
			6145	CALCULUS OF KIDNEY
		05/01/09	46053	CALCULUS OF KIDNEY
		05/18/09	3605	CALCULUS OF URETER
			33370	CALCULUS OF KIDNEY
			41226	CALCULUS OF KIDNEY
			46037	CALCULUS OF KIDNEY
			46471	CALCULUS OF KIDNEY
		06/01/09	3605	CALCULUS OF URETER
			46037	CALCULUS OF KIDNEY
			46658	CALCULUS OF KIDNEY
		06/15/09	3605	CALCULUS OF URETER
			5103	CALCULUS OF KIDNEY
			27951	CALCULUS OF KIDNEY
			47176	CALCULUS OF URETER
		06/17/09	47178	CALCULUS OF URETER
			27167	CALCULUS OF URETER
		06/22/09	47282	CALCULUS OF URETER
			19612	CALCULUS OF KIDNEY
		06/25/09	47449	CALCULUS OF KIDNEY
			27167	CALCULUS OF KIDNEY
		07/01/09	3605	CALCULUS OF URETER
			27951	CALCULUS OF KIDNEY
			47176	CALCULUS OF URETER
			47282	CALCULUS OF URETER
		07/15/09	40722	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	07/15/09...	47178	CALCULUS OF KIDNEY
			47282	CALCULUS OF URETER
			47449	CALCULUS OF KIDNEY
		07/22/09	48299	CALCULUS OF URETER
			48306	CALCULUS OF KIDNEY
		07/29/09	48299	CALCULUS OF KIDNEY
			48317	CALCULUS OF KIDNEY
		07/30/09	46057	CALCULUS OF KIDNEY
		08/12/09	20530	CALCULUS OF KIDNEY
			48299	CALCULUS OF KIDNEY
			48793	CALCULUS OF URETER
		08/19/09	6083	CALCULUS OF KIDNEY
			41226	CALCULUS OF KIDNEY
			48864	CALCULUS OF KIDNEY
		08/26/09	48299	CALCULUS OF URETER
			48864	CALCULUS OF KIDNEY
		09/09/09	41226	CALCULUS OF KIDNEY
			48864	CALCULUS OF KIDNEY
		09/10/09	49654	CALCULUS OF KIDNEY
		09/11/09	49712	CALCULUS OF KIDNEY
		09/14/09	6146	CALCULUS OF KIDNEY
			40722	CALCULUS OF URETER
			49654	CALCULUS OF URETER
		09/23/09	49983	CALCULUS OF URETER
		09/28/09	49712	CALCULUS OF KIDNEY
		10/12/09	48864	CALCULUS OF KIDNEY
			49654	CALCULUS OF KIDNEY
			50040	CALCULUS OF KIDNEY
			50235	CALCULUS OF KIDNEY
			50236	CALCULUS OF KIDNEY
		10/19/09	10971	CALCULUS OF KIDNEY
			50572	CALCULUS OF KIDNEY
		10/26/09	2702	CALCULUS OF KIDNEY
			50572	CALCULUS OF URETER
		10/28/09	49654	CALCULUS OF URETER
			49983	CALCULUS OF KIDNEY
			50864	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	11/02/09	11339	CALCULUS OF KIDNEY
			50235	CALCULUS OF KIDNEY
		11/09/09	49654	CALCULUS OF KIDNEY
		12/07/09	51582	CALCULUS OF KIDNEY
			52090	CALCULUS OF URETER
		12/09/09	52090	CALCULUS OF URETER
		12/21/09	52090	CALCULUS OF URETER
		12/23/09	3779	CALCULUS OF URETER
			52412	CALCULUS OF URETER
		12/28/09	52484	CALCULUS OF KIDNEY
		12/30/09	19463	CALCULUS OF URETER
60402	KIRSH MD EDWARD	01/13/09	1798	CALCULUS OF KIDNEY
			33728	CALCULUS OF KIDNEY
			34196	CALCULUS OF KIDNEY
			42311	CALCULUS OF KIDNEY
			42692	CALCULUS OF KIDNEY
			42705	CALCULUS OF URETER
			42721	CALCULUS OF KIDNEY
			42967	CALCULUS OF KIDNEY
		01/27/09	33728	CALCULUS OF KIDNEY
			42311	CALCULUS OF KIDNEY
			42692	CALCULUS OF KIDNEY
			42795	CALCULUS OF KIDNEY
			43009	CALCULUS OF URETER
			43237	CALCULUS OF KIDNEY
			43438	CALCULUS OF URETER
			43475	CALCULUS OF KIDNEY
		02/10/09	42311	CALCULUS OF KIDNEY
			43237	CALCULUS OF KIDNEY
			43475	CALCULUS OF KIDNEY
			43699	CALCULUS OF KIDNEY
			43838	CALCULUS OF KIDNEY
			43949	CALCULUS OF URETER
		02/20/09	41599	CALCULUS OF KIDNEY
			44155	CALCULUS OF URETER
		03/10/09	20077	CALCULUS OF KIDNEY
			43475	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60402...	KIRSH MD EDWARD...	03/10/09...	43838	CALCULUS OF KIDNEY	
			44176	CALCULUS OF KIDNEY	
		03/24/09	44853	CALCULUS OF URETER	
		04/07/09	23607	CALCULUS OF KIDNEY	
			31972	CALCULUS OF KIDNEY	
			41599	CALCULUS OF KIDNEY	
			42311	CALCULUS OF KIDNEY	
			43838	CALCULUS OF URETER	
			45111	CALCULUS OF KIDNEY	
			45185	CALCULUS OF KIDNEY	
			45327	CALCULUS OF URETER	
			04/21/09	32062	CALCULUS OF KIDNEY
				40817	CALCULUS OF KIDNEY
		44176		CALCULUS OF URETER	
		44795		CALCULUS OF KIDNEY	
		45111		CALCULUS OF KIDNEY	
		05/05/09	23607	CALCULUS OF KIDNEY	
			35322	CALCULUS OF KIDNEY	
			38575	CALCULUS OF URETER	
		05/14/09	46285	CALCULUS OF KIDNEY	
		05/19/09	35322	CALCULUS OF KIDNEY	
			44176	CALCULUS OF KIDNEY	
			46286	CALCULUS OF URETER	
		06/02/09	45941	CALCULUS OF KIDNEY	
			46716	CALCULUS OF KIDNEY	
		06/16/09	41363	HYPERPLASIA OF PROS	
			46990	CALCULUS OF KIDNEY	
			47014	HYPERPLASIA OF PROS	
			47238	HYPERPLASIA OF PROS	
		07/14/09	8357	CALCULUS OF KIDNEY	
			46990	CALCULUS OF KIDNEY	
			47454	CALCULUS OF KIDNEY	
			47626	CALCULUS OF KIDNEY	
			47874	CALCULUS OF KIDNEY	
			47999	CALCULUS OF KIDNEY	
		07/28/09	1798	CALCULUS OF KIDNEY	
			47561	CALCULUS OF KIDNEY	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KIRSH MD EDWARD...	07/28/09...	48304	HYPERPLASIA OF PROS
			48305	CALCULUS OF KIDNEY
		08/11/09	47454	CALCULUS OF KIDNEY
			47872	CALCULUS OF KIDNEY
			48511	CALCULUS OF KIDNEY
			48707	CALCULUS OF URETER
			48781	CALCULUS OF KIDNEY
			1341	CALCULUS OF KIDNEY
		08/25/09	27550	CALCULUS OF KIDNEY
			42295	CALCULUS OF KIDNEY
			47872	CALCULUS OF KIDNEY
			48511	CALCULUS OF KIDNEY
			48707	CALCULUS OF KIDNEY
			48767	CALCULUS OF KIDNEY
			42295	CALCULUS OF KIDNEY
		09/08/09	48939	CALCULUS OF KIDNEY
			49205	CALCULUS OF KIDNEY
			13137	CALCULUS OF KIDNEY
		09/22/09	27550	CALCULUS OF KIDNEY
			48767	CALCULUS OF KIDNEY
			48919	CALCULUS OF KIDNEY
			49854	HYPERPLASIA OF PROS
			49898	HYPERPLASIA OF PROS
			50082	CALCULUS OF URETER
		09/24/09	50082	CALCULUS OF URETER
		10/06/09	42295	CALCULUS OF KIDNEY
			49971	CALCULUS OF KIDNEY
		10/20/09	50644	CALCULUS OF KIDNEY
			50649	CALCULUS OF KIDNEY
		11/03/09	50644	CALCULUS OF KIDNEY
			50649	CALCULUS OF KIDNEY
			51040	CALCULUS OF URETER
		11/17/09	40044	CALCULUS OF KIDNEY
			43737	HYPERPLASIA OF PROS
			49971	CALCULUS OF KIDNEY
			50649	CALCULUS OF KIDNEY
			51180	CALCULUS OF URETER
		12/01/09	51406	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description		
60402...	KIRSH MD EDWARD...	12/15/09	40044	CALCULUS OF KIDNEY		
			51180	CALCULUS OF URETER		
			51550	CALCULUS OF URETER		
				12/23/09	14814	CALCULUS OF KIDNEY
				12/29/09	4512	CALCULUS OF KIDNEY
					14814	CALCULUS OF KIDNEY
					20216	CALCULUS OF KIDNEY
					48781	CALCULUS OF KIDNEY
					50638	CALCULUS OF KIDNEY
					52037	CALCULUS OF KIDNEY
					52069	CALCULUS OF KIDNEY
					52495	CALCULUS OF KIDNEY
			KUCERA MD JOSEPH	01/06/09	12513	CALCULUS OF KIDNEY
		42813			CALCULUS OF URETER	
				01/20/09	35204	CALCULUS OF KIDNEY
				01/21/09	28379	CALCULUS OF URETER
				01/29/09	43501	CALCULUS OF KIDNEY
				01/30/09	41975	CALCULUS OF URETER
				02/03/09	43437	CALCULUS OF URETER
				02/11/09	43822	CALCULUS OF URETER
				02/20/09	44119	CALCULUS OF KIDNEY
				02/26/09	44391	CALCULUS OF URETER
				03/11/09	44565	CALCULUS OF URETER
					44692	CALCULUS OF KIDNEY
				03/13/09	11690	CALCULUS OF KIDNEY
				03/17/09	14814	CALCULUS OF KIDNEY
				03/25/09	44119	CALCULUS OF KIDNEY
				04/08/09	9054	CALCULUS OF KIDNEY
					14814	CALCULUS OF KIDNEY
				04/22/09	13159	CALCULUS OF KIDNEY
			45529		CALCULUS OF URETER	
		04/29/09	44692	CALCULUS OF KIDNEY		
			46035	CALCULUS OF KIDNEY		
		05/07/09	46173	CALCULUS OF URETER		
		05/26/09	46545	CALCULUS OF KIDNEY		
			46547	CALCULUS OF URETER		
		05/27/09	46740	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KUCERA MD JOSEPH...	06/09/09	9054	CALCULUS OF KIDNEY
			46173	CALCULUS OF KIDNEY
		06/10/09	41120	CALCULUS OF KIDNEY
		06/11/09	47135	CALCULUS OF URETER
		06/17/09	34913	CALCULUS OF KIDNEY
			46928	CALCULUS OF KIDNEY
		06/23/09	47513	CALCULUS OF KIDNEY
		06/24/09	45529	CALCULUS OF URETER
			46545	CALCULUS OF KIDNEY
			47357	CALCULUS OF KIDNEY
			47360	CALCULUS OF KIDNEY
		07/22/09	47357	CALCULUS OF KIDNEY
			47360	CALCULUS OF KIDNEY
		07/29/09	47135	CALCULUS OF KIDNEY
			48294	CALCULUS OF KIDNEY CALCULUS OF URETER
			48413	CALCULUS OF KIDNEY
		07/30/09	48426	CALCULUS OF URETER
			48428	CALCULUS OF KIDNEY
		08/13/09	47513	CALCULUS OF KIDNEY
			48779	CALCULUS OF KIDNEY
			48787	CALCULUS OF URETER
		08/19/09	41120	CALCULUS OF KIDNEY
			47357	CALCULUS OF KIDNEY
			48612	CALCULUS OF KIDNEY
		09/02/09	47135	CALCULUS OF KIDNEY
			49387	CALCULUS OF URETER
		09/17/09	49608	CALCULUS OF URETER
			49624	CALCULUS OF KIDNEY
		09/23/09	47357	CALCULUS OF KIDNEY
		09/29/09	33962	CALCULUS OF URETER
			47135	CALCULUS OF KIDNEY
		10/07/09	44119	CALCULUS OF KIDNEY
			49387	CALCULUS OF KIDNEY
			50305	CALCULUS OF KIDNEY
		10/13/09	50537	CALCULUS OF URETER
		10/14/09	7745	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KUCERA MD JOSEPH...	10/21/09	48787	CALCULUS OF KIDNEY
			50665	CALCULUS OF KIDNEY
		10/22/09	33962	CALCULUS OF KIDNEY
			50307	CALCULUS OF KIDNEY
		10/27/09	47135	CALCULUS OF URETER
		10/29/09	50537	CALCULUS OF URETER
		11/05/09	50415	CALCULUS OF KIDNEY
		11/11/09	50980	CALCULUS OF KIDNEY
		11/18/09	47357	CALCULUS OF KIDNEY
			47360	CALCULUS OF KIDNEY
			51301	CALCULUS OF URETER
		12/02/09	25256	CALCULUS OF URETER
		12/08/09	51516	CALCULUS OF URETER
		12/09/09	51703	CALCULUS OF KIDNEY
		12/16/09	51932	CALCULUS OF URETER
			52138	CALCULUS OF URETER
		12/23/09	7157	CALCULUS OF KIDNEY
		12/28/09	52415	CALCULUS OF KIDNEY
	MISUREC MD PETER	01/07/09	42939	CALCULUS OF KIDNEY
			42968	CALCULUS OF KIDNEY
		01/16/09	43288	CALCULUS OF URETER
		01/31/09	43691	CALCULUS OF URETER
		02/03/09	43734	CALCULUS OF URETER
		02/06/09	43834	CALCULUS OF KIDNEY
		02/25/09	44289	CALCULUS OF KIDNEY
			44379	CALCULUS OF URETER
		03/04/09	44447	CALCULUS OF KIDNEY
		03/05/09	44617	CALCULUS OF URETER
		03/20/09	15103	CALCULUS OF KIDNEY
		03/25/09	28920	CALCULUS OF KIDNEY
			45107	CALCULUS OF URETER
		04/03/09	8610	CALCULUS OF URETER
			15103	CALCULUS OF KIDNEY
		04/08/09	45498	CALCULUS OF URETER
		04/11/09	38989	CALCULUS OF KIDNEY
		04/15/09	44617	CALCULUS OF URETER
04/22/09	45107	CALCULUS OF URETER		



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	MISUREC MD PETER...	04/22/09...	45858	CALCULUS OF URETER
		04/24/09	15103	CALCULUS OF KIDNEY
			45772	CALCULUS OF KIDNEY
			45891	CALCULUS OF KIDNEY
		05/13/09	46001	CALCULUS OF URETER
		05/15/09	15103	CALCULUS OF KIDNEY
			38989	CALCULUS OF KIDNEY
		05/19/09	46584	CALCULUS OF URETER
			46603	CALCULUS OF KIDNEY
			46607	CALCULUS OF URETER
		05/27/09	46609	CALCULUS OF KIDNEY
		06/03/09	3038	CALCULUS OF URETER
			46603	CALCULUS OF URETER
			46798	CALCULUS OF KIDNEY
		06/09/09	47043	CALCULUS OF KIDNEY
		06/17/09	3038	CALCULUS OF KIDNEY
			46609	CALCULUS OF KIDNEY
		06/23/09	33964	CALCULUS OF KIDNEY
			47448	CALCULUS OF KIDNEY
		06/24/09	47226	CALCULUS OF KIDNEY
		06/30/09	9173	CALCULUS OF KIDNEY
		07/07/09	46798	CALCULUS OF KIDNEY
		07/08/09	19054	CALCULUS OF URETER
			46603	CALCULUS OF URETER
		07/15/09	29401	CALCULUS OF KIDNEY
			33964	CALCULUS OF KIDNEY
			47448	CALCULUS OF KIDNEY
		07/17/09	46609	CALCULUS OF KIDNEY
		07/28/09	48496	CALCULUS OF KIDNEY
		07/29/09	19054	CALCULUS OF URETER
		08/04/09	29401	CALCULUS OF KIDNEY
			33964	CALCULUS OF KIDNEY
		08/05/09	46609	CALCULUS OF KIDNEY
08/07/09	38989	CALCULUS OF KIDNEY		
	46603	CALCULUS OF KIDNEY		
08/12/09	48814	CALCULUS OF URETER		
08/19/09	27922	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	MISUREC MD PETER...	08/19/09...	48496	CALCULUS OF KIDNEY
		08/26/09	29401	CALCULUS OF KIDNEY
			46609	CALCULUS OF KIDNEY
		09/01/09	49399	CALCULUS OF URETER
		09/16/09	29401	CALCULUS OF KIDNEY
			49823	CALCULUS OF URETER
			49824	CALCULUS OF URETER
		10/09/09	50480	CALCULUS OF KIDNEY
		10/14/09	49824	CALCULUS OF KIDNEY
		10/27/09	50480	CALCULUS OF KIDNEY
		11/03/09	51081	CALCULUS OF KIDNEY
		11/05/09	51188	CALCULUS OF URETER
		12/11/09	52008	CALCULUS OF URETER
		12/17/09	52281	CALCULUS OF URETER
		12/23/09	52343	CALCULUS OF KIDNEY
		12/28/09	52453	CALCULUS OF URETER
		12/30/09	43288	CALCULUS OF URETER
			52531	CALCULUS OF URETER
		12/31/09	12316	CALCULUS OF URETER
		60415	BERGER MD AARON	03/26/09
04/28/09	45792			CALCULUS OF KIDNEY
10/27/09	49999			CALCULUS OF KIDNEY
11/10/09	49999			CALCULUS OF KIDNEY
DEFRANCO MD JOHN	03/18/09		19605	CALCULUS OF KIDNEY
	05/01/09		45755	CALCULUS OF KIDNEY
	05/27/09		46803	CALCULUS OF KIDNEY
	06/12/09		20689	CALCULUS OF KIDNEY
			46315	CALCULUS OF URETER
	07/01/09		47341	CALCULUS OF KIDNEY
	07/15/09		48066	CALCULUS OF KIDNEY
	07/31/09		46803	CALCULUS OF KIDNEY
	08/05/09		46315	CALCULUS OF KIDNEY
	09/04/09		49352	CALCULUS OF URETER
	09/18/09		49719	CALCULUS OF KIDNEY
			49742	CALCULUS OF URETER
	09/30/09		7761	CALCULUS OF KIDNEY
	10/02/09		49915	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60415...	DEFRANCO MD JOHN...	10/14/09	48490	CALCULUS OF KIDNEY
			49742	CALCULUS OF URETER
			50482	CALCULUS OF URETER
		10/21/09	50570	CALCULUS OF URETER
		11/06/09	26514	CALCULUS OF KIDNEY
			51123	CALCULUS OF KIDNEY
	HOYME MD KERMIT	03/25/09	44933	CALCULUS OF KIDNEY
		05/08/09	45929	CALCULUS OF KIDNEY
		06/12/09	47160	CALCULUS OF URETER
		07/08/09	47783	CALCULUS OF URETER
			47825	CALCULUS OF KIDNEY
		08/14/09	47753	CALCULUS OF KIDNEY
		10/02/09	21953	CALCULUS OF KIDNEY
		11/13/09	51190	CALCULUS OF KIDNEY
	KIM MD JAE	01/17/09	28883	CALCULUS OF KIDNEY
			42576	CALCULUS OF URETER
		01/21/09	43280	CALCULUS OF KIDNEY
		03/14/09	44290	CALCULUS OF KIDNEY
		03/28/09	44390	CALCULUS OF KIDNEY
			44805	CALCULUS OF KIDNEY
		03/31/09	45225	CALCULUS OF KIDNEY
		05/06/09	46090	CALCULUS OF KIDNEY
			46091	CALCULUS OF KIDNEY
		05/16/09	44290	CALCULUS OF KIDNEY
		05/20/09	8648	CALCULUS OF KIDNEY
			46091	CALCULUS OF KIDNEY
		06/08/09	46091	CALCULUS OF KIDNEY
		06/24/09	47566	CALCULUS OF KIDNEY
		07/18/09	47566	CALCULUS OF URETER
		07/20/09	26934	CALCULUS OF KIDNEY
07/29/09		47717	CALCULUS OF KIDNEY	
08/03/09		26742	CALCULUS OF URETER	
08/10/09		48568	CALCULUS OF URETER	
09/02/09		48490	CALCULUS OF KIDNEY	
	48586	CALCULUS OF KIDNEY		
09/09/09	12138	CALCULUS OF KIDNEY		
09/23/09	49974	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60415...	KIM MD JAE...	11/11/09	48490	CALCULUS OF KIDNEY
			49974	CALCULUS OF KIDNEY
			50187	CALCULUS OF KIDNEY
			50785	CALCULUS OF KIDNEY
			50786	CALCULUS OF KIDNEY
		12/09/09	50626	CALCULUS OF KIDNEY
			51004	CALCULUS OF KIDNEY
			51005	CALCULUS OF KIDNEY
			51790	CALCULUS OF KIDNEY
			51792	CALCULUS OF KIDNEY
	NOLD MD STEPHEN	01/12/09	42970	CALCULUS OF KIDNEY
		07/07/09	47775	CALCULUS OF URETER
		12/09/09	51801	CALCULUS OF URETER
		12/14/09	51802	CALCULUS OF KIDNEY
60440	DHINDSA MD AVTAR S	01/23/09	43397	CALCULUS OF URETER
		01/27/09	43458	CALCULUS OF KIDNEY
		01/30/09	43554	CALCULUS OF URETER
		02/04/09	43383	CALCULUS OF KIDNEY
		03/27/09	45202	CALCULUS OF URETER
		04/06/09	15774	CALCULUS OF KIDNEY
			45342	CALCULUS OF KIDNEY
		04/10/09	45570	CALCULUS OF KIDNEY
		05/12/09	46172	CALCULUS OF KIDNEY
		05/19/09	46511	CALCULUS OF KIDNEY
		06/09/09	28305	CALCULUS OF KIDNEY
		06/16/09	33868	CALCULUS OF KIDNEY
		06/30/09	36559	CALCULUS OF KIDNEY
			47718	CALCULUS OF KIDNEY
		07/21/09	48251	CALCULUS OF KIDNEY
		08/12/09	33868	CALCULUS OF KIDNEY
			48688	CALCULUS OF KIDNEY
		08/19/09	48934	CALCULUS OF KIDNEY
		08/21/09	47718	CALCULUS OF KIDNEY
		09/02/09	49168	CALCULUS OF KIDNEY
		09/08/09	45202	CALCULUS OF KIDNEY
49489	CALCULUS OF KIDNEY			
09/14/09	49194	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60440...	DHINDSA MD AVTAR S...	09/28/09	49168	CALCULUS OF KIDNEY
		10/21/09	46172	CALCULUS OF KIDNEY
			49920	CALCULUS OF KIDNEY
			50756	CALCULUS OF URETER
		10/28/09	50818	CALCULUS OF KIDNEY
60463	STEINBERG MD JAY	01/29/09	42828	CALCULUS OF KIDNEY
		02/26/09	42828	CALCULUS OF KIDNEY
		03/31/09	41185	CALCULUS OF KIDNEY
		05/08/09	43977	CALCULUS OF KIDNEY
			46119	CALCULUS OF KIDNEY
		06/12/09	43977	CALCULUS OF KIDNEY
		08/14/09	43977	CALCULUS OF KIDNEY
		08/27/09	42524	CALCULUS OF KIDNEY
60506	SMITH MD CORNELIUS	01/08/09	42965	CALCULUS OF KIDNEY
		02/05/09	43726	CALCULUS OF KIDNEY
			43727	CALCULUS OF URETER
		12/08/09	51938	CALCULUS OF URETER
60515	KOLBUSZ MD WILLIAM	02/04/09	43792	CALCULUS OF KIDNEY
		02/05/09	43521	CALCULUS OF KIDNEY
		02/10/09	43974	CALCULUS OF URETER
		02/24/09	43792	CALCULUS OF KIDNEY
		03/10/09	43792	CALCULUS OF KIDNEY
		04/03/09	45269	CALCULUS OF KIDNEY
		06/04/09	46721	CALCULUS OF KIDNEY
		06/18/09	46721	CALCULUS OF KIDNEY
		06/30/09	46721	CALCULUS OF KIDNEY
		07/01/09	47766	CALCULUS OF URETER
		07/15/09	46721	CALCULUS OF KIDNEY
		07/31/09	46721	CALCULUS OF KIDNEY
		08/05/09	48613	CALCULUS OF URETER
		08/13/09	46721	CALCULUS OF KIDNEY
		08/27/09	46721	CALCULUS OF KIDNEY
		09/09/09	46721	CALCULUS OF KIDNEY
		09/23/09	46721	CALCULUS OF KIDNEY
		12/28/09	52481	CALCULUS OF URETER
		12/29/09	52544	CALCULUS OF KIDNEY
			SOSENKO MD GEORGE	01/03/09

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60515...	SOSENKO MD GEORGE...	01/03/09...	42259	CALCULUS OF KIDNEY
		01/17/09	43133	CALCULUS OF URETER
		01/21/09	43130	CALCULUS OF KIDNEY
		01/27/09	43528	CALCULUS OF KIDNEY
		01/30/09	42259	CALCULUS OF KIDNEY
		02/04/09	43591	CALCULUS OF KIDNEY
		02/12/09	43581	CALCULUS OF KIDNEY
		02/14/09	23217	CALCULUS OF URETER
			28727	CALCULUS OF KIDNEY
		02/18/09	44148	CALCULUS OF KIDNEY
		02/25/09	43591	CALCULUS OF KIDNEY
		02/28/09	44460	CALCULUS OF URETER
		03/12/09	44148	CALCULUS OF KIDNEY
		03/28/09	43314	CALCULUS OF URETER
		04/03/09	44218	CALCULUS OF KIDNEY
		04/07/09	44148	CALCULUS OF KIDNEY
		05/06/09	45864	CALCULUS OF KIDNEY
		05/12/09	44148	CALCULUS OF KIDNEY
		05/16/09	44218	CALCULUS OF URETER
		08/15/09	48863	CALCULUS OF KIDNEY
		08/17/09	11562	CALCULUS OF URETER
		09/16/09	49813	CALCULUS OF KIDNEY
		09/18/09	49471	CALCULUS OF KIDNEY
		10/23/09	49471	CALCULUS OF URETER
		11/06/09	50868	CALCULUS OF KIDNEY
		11/21/09	42259	CALCULUS OF KIDNEY
			49471	CALCULUS OF URETER
			51655	CALCULUS OF URETER
		11/27/09	29523	CALCULUS OF URETER
			50868	CALCULUS OF URETER
	12/08/09	51655	CALCULUS OF KIDNEY	
	12/11/09	28727	CALCULUS OF KIDNEY	
		52166	CALCULUS OF URETER	
WEST MD PAUL	01/30/09	43558	CALCULUS OF URETER	
	02/11/09	43745	CALCULUS OF URETER	
	03/18/09	44774	CALCULUS OF KIDNEY	
		44809	CALCULUS OF URETER	

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60515...	WEST MD PAUL...	03/24/09	44923	CALCULUS OF URETER
		03/27/09	44887	CALCULUS OF KIDNEY
		04/07/09	45343	CALCULUS OF URETER
		04/08/09	41622	CALCULUS OF URETER
		04/14/09	44887	CALCULUS OF KIDNEY
		05/26/09	46784	CALCULUS OF URETER
		06/12/09	44887	CALCULUS OF KIDNEY
			47170	CALCULUS OF KIDNEY
			47271	CALCULUS OF URETER
		06/29/09	44887	CALCULUS OF KIDNEY
		07/15/09	48048	CALCULUS OF URETER
		08/12/09	48651	CALCULUS OF KIDNEY
		08/17/09	48933	CALCULUS OF URETER
		09/01/09	48933	CALCULUS OF URETER
		09/14/09	49139	CALCULUS OF KIDNEY
		10/06/09	49139	CALCULUS OF KIDNEY
			50060	CALCULUS OF KIDNEY
		10/21/09	50685	CALCULUS OF KIDNEY
		10/26/09	50748	CALCULUS OF URETER
		11/11/09	50685	CALCULUS OF KIDNEY
			51125	CALCULUS OF KIDNEY
		12/02/09	51659	CALCULUS OF KIDNEY
		60521	CORNFIELD MD JOEL	01/12/09
41828	CALCULUS OF KIDNEY			
01/19/09	42837			CALCULUS OF KIDNEY
	43322			CALCULUS OF URETER
01/22/09	5020			CALCULUS OF KIDNEY
	43322			CALCULUS OF URETER
02/02/09	43599			CALCULUS OF KIDNEY
02/16/09	44033			CALCULUS OF KIDNEY
02/23/09	44254			CALCULUS OF KIDNEY
02/26/09	44256			CALCULUS OF KIDNEY
03/02/09	44010			CALCULUS OF URETER
03/05/09	44033			CALCULUS OF KIDNEY
	44256			CALCULUS OF KIDNEY
03/26/09	45031			INFLAMMATORY DISEAS
03/30/09	45329			CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description		
60521...	CORNFIELD MD JOEL...	04/02/09	45232	CALCULUS OF KIDNEY		
			45297	CALCULUS OF KIDNEY		
		04/09/09	45232	CALCULUS OF KIDNEY		
		04/16/09	45210	CALCULUS OF KIDNEY		
		05/07/09	13855	CALCULUS OF KIDNEY		
		05/18/09	46388	HEMATURIA		
		05/20/09	38188	METASTITIC RENAL CEL		
		05/28/09	46052	URETERAL OBSTRUCTIO		
		06/15/09	47246	CALCULUS OF KIDNEY		
		07/02/09	47645	CALCULUS OF KIDNEY		
		07/24/09	48309	CALCULUS OF URETER		
		08/24/09	49002	CALCULUS OF KIDNEY		
		09/24/09	39844	CALCULUS OF URETER		
		10/19/09	50646	CALCULUS OF KIDNEY		
		10/22/09	50058	CALCULUS OF KIDNEY		
		11/02/09	50990	CALCULUS OF KIDNEY		
		11/05/09	50825	CALCULUS OF KIDNEY		
		11/13/09	43164	CALCULUS OF URETER		
		11/30/09	38188	CALCULUS OF KIDNEY		
		12/10/09	10907	CALCULUS OF KIDNEY		
		12/14/09	52104	CALCULUS OF URETER		
		12/17/09	52358	CALCULUS OF URETER		
		12/28/09	46381	CALCULUS OF KIDNEY		
		12/30/09	10907	CALCULUS OF KIDNEY		
		12/31/09	5020	CALCULUS OF URETER		
			HWANG MD JAY	01/08/09	42943	CALCULUS OF KIDNEY
					43024	CALCULUS OF URETER
				01/22/09	42943	CALCULUS OF KIDNEY
		02/19/09		44034	CALCULUS OF KIDNEY	
		02/26/09		41648	CALCULUS OF KIDNEY	
		02/28/09		44514	CALCULUS OF URETER	
		03/05/09		44051	CALCULUS OF KIDNEY	
		03/18/09		4800	CALCULUS OF URETER	
			44532	CALCULUS OF KIDNEY		
	03/19/09	33241	CALCULUS OF URETER			
	03/20/09	44403	CALCULUS OF KIDNEY			
	03/26/09	44971	CALCULUS OF KIDNEY			



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60521...	HWANG MD JAY...	04/02/09	38985	CALCULUS OF KIDNEY
			44514	CALCULUS OF KIDNEY
		04/09/09	45186	CALCULUS OF KIDNEY
			45442	CALCULUS OF KIDNEY
		04/16/09	37889	CALCULUS OF KIDNEY
			44971	CALCULUS OF KIDNEY
			45170	CALCULUS OF KIDNEY
		04/23/09	33241	CALCULUS OF KIDNEY
		04/30/09	45442	CALCULUS OF KIDNEY
		05/11/09	46224	CALCULUS OF URETER
			46316	CALCULUS OF URETER
		05/28/09	46783	CALCULUS OF KIDNEY
		06/08/09	46381	CALCULUS OF KIDNEY
		06/23/09	47541	CALCULUS OF URETER
		07/02/09	47673	CALCULUS OF KIDNEY
		07/16/09	46381	CALCULUS OF KIDNEY
			47917	CALCULUS OF KIDNEY
		07/23/09	15291	CALCULUS OF URETER
		07/30/09	29796	CALCULUS OF KIDNEY
		08/13/09	48723	CALCULUS OF URETER
	08/25/09	48673	CALCULUS OF KIDNEY	
	KRENGEL MD SAMUEL	01/08/09	42121	CALCULUS OF KIDNEY
		01/14/09	42163	CALCULUS OF KIDNEY
		01/15/09	43164	CALCULUS OF URETER
		02/11/09	43323	CALCULUS OF KIDNEY
		02/18/09	43683	CALCULUS OF KIDNEY
		02/25/09	43323	CALCULUS OF KIDNEY
		04/08/09	45287	CALCULUS OF URETER
		05/06/09	6642	CALCULUS OF URETER
			45446	CALCULUS OF KIDNEY
			46212	CALCULUS OF URETER
		05/20/09	46283	CALCULUS OF KIDNEY
06/03/09		46404	CALCULUS OF KIDNEY	
06/17/09	47254	CALCULUS OF KIDNEY		
06/18/09	47379	CALCULUS OF KIDNEY		
06/24/09	6639	CALCULUS OF KIDNEY		
07/01/09	47644	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60521...	KRENGEL MD SAMUEL...	07/22/09	48152	CALCULUS OF URETER
		07/29/09	11578	CALCULUS OF KIDNEY
		08/05/09	45287	CALCULUS OF KIDNEY
			48218	CALCULUS OF KIDNEY
			48509	CALCULUS OF KIDNEY
		08/26/09	18528	CALCULUS OF URETER
		09/16/09	49640	CALCULUS OF KIDNEY
		10/07/09	50333	CALCULUS OF KIDNEY
		10/16/09	50248	CALCULUS OF KIDNEY
		10/28/09	50821	CALCULUS OF KIDNEY
		11/04/09	39639	CALCULUS OF KIDNEY
			50822	CALCULUS OF KIDNEY
		12/02/09	51721	CALCULUS OF KIDNEY
		12/03/09	51706	CALCULUS OF KIDNEY
		12/07/09	50820	CALCULUS OF KIDNEY
	12/16/09	50822	CALCULUS OF KIDNEY	
		52182	CALCULUS OF KIDNEY	
	KRITSAS MD JOHN	01/21/09	43289	CALCULUS OF KIDNEY
		01/27/09	42623	CALCULUS OF KIDNEY
			43356	CALCULUS OF URETER
		01/28/09	43205	CALCULUS OF KIDNEY
		02/11/09	43495	CALCULUS OF KIDNEY
		02/19/09	40616	CALCULUS OF KIDNEY
		03/03/09	43167	CALCULUS OF KIDNEY
			44362	CALCULUS OF KIDNEY
		03/18/09	44536	CALCULUS OF KIDNEY
		05/05/09	41223	CALCULUS OF KIDNEY
		05/08/09	46176	CALCULUS OF KIDNEY
		06/09/09	47059	CALCULUS OF KIDNEY
		07/07/09	47648	CALCULUS OF KIDNEY
			47703	CALCULUS OF KIDNEY
		07/14/09	47855	CALCULUS OF KIDNEY
		08/18/09	48969	CALCULUS OF KIDNEY
09/08/09		49541	CALCULUS OF KIDNEY	
09/16/09		47703	CALCULUS OF KIDNEY	
09/29/09	48969	CALCULUS OF KIDNEY		
10/27/09	50829	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60521...	KRITSAS MD JOHN...	11/04/09	22894	CALCULUS OF KIDNEY	
		11/17/09	49541	CALCULUS OF KIDNEY	
		11/18/09	51333	CALCULUS OF KIDNEY	
		12/01/09	50829	CALCULUS OF KIDNEY	
		12/04/09	6000	CALCULUS OF KIDNEY	
		12/16/09	41223	CALCULUS OF KIDNEY	
		48969	CALCULUS OF KIDNEY		
60523	AGHA MD ARIF	01/08/09	42685	CALCULUS OF KIDNEY	
			42686	CALCULUS OF KIDNEY	
		01/29/09	5048	CALCULUS OF KIDNEY	
		03/05/09	44431	CALCULUS OF URETER	
		04/01/09	45335	CALCULUS OF URETER	
		04/15/09	44431	CALCULUS OF KIDNEY	
		04/22/09	44432	CALCULUS OF KIDNEY	
		06/05/09	44431	CALCULUS OF URETER	
			46689	CALCULUS OF KIDNEY	
			47071	CALCULUS OF URETER	
		08/18/09	45335	CALCULUS OF URETER	
60525	MILANI DO MICHAEL	01/21/09	43143	CALCULUS OF KIDNEY	
		02/04/09	43100	CALCULUS OF KIDNEY	
		03/11/09	23966	CALCULUS OF URETER	
		04/22/09	45582	CALCULUS OF URETER	
		04/23/09	45540	CALCULUS OF URETER	
		05/20/09	46419	CALCULUS OF URETER	
		07/01/09	47331	CALCULUS OF KIDNEY	
			47407	CALCULUS OF URETER	
		07/08/09	47508	CALCULUS OF KIDNEY	
		08/14/09	49013	CALCULUS OF URETER	
		09/09/09	47657	CALCULUS OF URETER	
		10/07/09	50387	CALCULUS OF KIDNEY	
		10/19/09	47657	CALCULUS OF KIDNEY	
		11/09/09	9379	CALCULUS OF URETER	
		11/16/09	51359	CALCULUS OF URETER	
		12/11/09	52072	CALCULUS OF URETER	
		MORAN MD GEORGE G	01/20/09	43308	CALCULUS OF URETER
			01/30/09	43347	CALCULUS OF KIDNEY
			02/12/09	24828	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60525...	MORAN MD GEORGE G...	02/14/09	43686	CALCULUS OF KIDNEY
		03/03/09	43585	CALCULUS OF KIDNEY
		03/31/09	45290	CALCULUS OF KIDNEY
		05/18/09	46228	CALCULUS OF KIDNEY
		05/22/09	46574	CALCULUS OF KIDNEY
		05/26/09	46574	CALCULUS OF KIDNEY
		06/02/09	46872	CALCULUS OF KIDNEY
			46927	CALCULUS OF KIDNEY
		06/18/09	46927	CALCULUS OF URETER
		07/02/09	47460	CALCULUS OF KIDNEY
		07/07/09	47685	CALCULUS OF URETER
		07/28/09	48495	CALCULUS OF KIDNEY
		07/31/09	48018	CALCULUS OF URETER
		09/29/09	50063	CALCULUS OF KIDNEY
		10/13/09	3741	CALCULUS OF URETER
			50154	CALCULUS OF KIDNEY
		10/27/09	50883	CALCULUS OF URETER
		12/23/09	52244	CALCULUS OF KIDNEY
	WILL MD THOMAS	08/27/09	49196	CALCULUS OF URETER
		10/22/09	50740	CALCULUS OF URETER
10/23/09		50759	CALCULUS OF KIDNEY	
10/29/09		50778	CALCULUS OF KIDNEY	
60540	BOCKRATH MD JOHN	01/13/09	42945	CALCULUS OF URETER
			43042	CALCULUS OF KIDNEY
		01/23/09	42137	CALCULUS OF KIDNEY
		02/05/09	43499	CALCULUS OF KIDNEY
		04/14/09	45095	CALCULUS OF KIDNEY
		04/23/09	45849	CALCULUS OF KIDNEY
		05/21/09	43657	CALCULUS OF KIDNEY
			45879	CALCULUS OF KIDNEY
		07/01/09	47584	CALCULUS OF URETER
		07/22/09	48182	CALCULUS OF KIDNEY
		08/06/09	48005	CALCULUS OF KIDNEY
			48548	CALCULUS OF KIDNEY
		08/12/09	48894	CALCULUS OF URETER
		09/22/09	49016	CALCULUS OF KIDNEY
		11/24/09	14860	CALCULUS OF KIDNEY

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	BOCKRATH MD JOHN...	11/25/09	51638	CALCULUS OF KIDNEY
	FAKOURI MD BEJAN	01/20/09	42179	CALCULUS OF KIDNEY
			42658	CALCULUS OF URETER
			42662	CALCULUS OF KIDNEY
		01/22/09	15710	CALCULUS OF KIDNEY
		01/23/09	42006	CALCULUS OF KIDNEY
		01/27/09	42076	CALCULUS OF KIDNEY
		02/03/09	43657	CALCULUS OF KIDNEY
			43671	CALCULUS OF URETER
		02/17/09	43877	CALCULUS OF KIDNEY
		02/23/09	43957	CALCULUS OF KIDNEY
		03/09/09	44430	CALCULUS OF KIDNEY
			44637	CALCULUS OF URETER
			44689	CALCULUS OF KIDNEY
		03/27/09	44145	CALCULUS OF KIDNEY
		04/20/09	19697	CALCULUS OF KIDNEY
			44487	CALCULUS OF KIDNEY
			45762	CALCULUS OF URETER
		05/04/09	31421	CALCULUS OF KIDNEY
			45999	CALCULUS OF URETER
		05/15/09	46394	CALCULUS OF KIDNEY
		05/19/09	21675	CALCULUS OF KIDNEY
		05/21/09	46225	CALCULUS OF KIDNEY
		06/02/09	46874	CALCULUS OF KIDNEY
		06/09/09	29940	CALCULUS OF URETER
		06/16/09	5315	CALCULUS OF KIDNEY
		06/29/09	47675	CALCULUS OF URETER
		07/07/09	47681	CALCULUS OF KIDNEY
			47684	CALCULUS OF KIDNEY
		07/21/09	47684	CALCULUS OF URETER
			47814	CALCULUS OF KIDNEY
			47858	CALCULUS OF KIDNEY
			48120	CALCULUS OF URETER
		07/22/09	48232	CALCULUS OF URETER
		07/27/09	47837	CALCULUS OF KIDNEY
			48264	CALCULUS OF KIDNEY
		07/28/09	48232	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	FAKOURI MD BEJAN...	08/04/09	48578	CALCULUS OF KIDNEY
		08/18/09	47684	CALCULUS OF KIDNEY
			48264	CALCULUS OF KIDNEY
		08/19/09	49010	CALCULUS OF URETER
			49064	CALCULUS OF URETER
		08/21/09	20444	CALCULUS OF URETER
		08/24/09	47837	CALCULUS OF KIDNEY
			49093	CALCULUS OF KIDNEY
		09/01/09	36172	CALCULUS OF KIDNEY
			49373	CALCULUS OF KIDNEY
		09/03/09	49010	CALCULUS OF URETER
		09/21/09	48316	CALCULUS OF KIDNEY
		10/05/09	50142	CALCULUS OF URETER
			50285	CALCULUS OF KIDNEY
		10/15/09	50391	CALCULUS OF KIDNEY
			50608	CALCULUS OF KIDNEY
		10/20/09	50718	CALCULUS OF KIDNEY
			50733	CALCULUS OF KIDNEY
		10/29/09	50789	CALCULUS OF KIDNEY
		11/03/09	50733	CALCULUS OF KIDNEY
		51084	CALCULUS OF KIDNEY	
	11/05/09	50901	CALCULUS OF URETER	
		50963	CALCULUS OF KIDNEY	
	12/08/09	50912	CALCULUS OF KIDNEY	
	12/15/09	52126	CALCULUS OF KIDNEY	
		52152	CALCULUS OF KIDNEY	
	12/30/09	47684	CALCULUS OF KIDNEY	
	LYON MD PAUL	02/04/09	12294	CALCULUS OF KIDNEY
		02/11/09	42662	CALCULUS OF KIDNEY
		02/26/09	44027	CALCULUS OF KIDNEY
		03/26/09	45117	CALCULUS OF KIDNEY
		04/15/09	45087	CALCULUS OF KIDNEY
05/07/09		44027	CALCULUS OF KIDNEY	
		45708	CALCULUS OF KIDNEY	
06/04/09		46873	CALCULUS OF URETER	
06/24/09	25613	CALCULUS OF KIDNEY		
07/02/09	47491	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	LYON MD PAUL...	07/02/09...	47669	CALCULUS OF KIDNEY
		08/10/09	48310	CALCULUS OF KIDNEY
		09/10/09	49612	CALCULUS OF KIDNEY
		10/01/09	23131	CALCULUS OF KIDNEY
		11/19/09	51422	CALCULUS OF KIDNEY
		12/02/09	33257	CALCULUS OF KIDNEY
		12/03/09	22612	CALCULUS OF KIDNEY
			51914	CALCULUS OF URETER
		12/14/09	51927	CALCULUS OF KIDNEY
			52174	CALCULUS OF URETER
		12/17/09	33257	CALCULUS OF KIDNEY
			50863	CALCULUS OF KIDNEY
			52245	CALCULUS OF URETER
		PASCIAK MD ROBERT	01/16/09	42428
	43253			CALCULUS OF URETER
	43259			CALCULUS OF KIDNEY
	01/20/09		41460	CALCULUS OF KIDNEY
			42680	CALCULUS OF KIDNEY
	02/03/09		43253	CALCULUS OF KIDNEY
	02/18/09		34641	CALCULUS OF KIDNEY
	03/05/09		44284	CALCULUS OF KIDNEY
	04/03/09		44764	CALCULUS OF KIDNEY
	05/22/09		14099	CALCULUS OF KIDNEY
			46382	CALCULUS OF KIDNEY
	06/19/09		46841	CALCULUS OF KIDNEY
			47316	CALCULUS OF KIDNEY
			47359	CALCULUS OF KIDNEY
	07/10/09		14099	CALCULUS OF KIDNEY
	07/24/09		48368	CALCULUS OF KIDNEY
	08/13/09		48718	CALCULUS OF KIDNEY
	09/22/09		49825	CALCULUS OF KIDNEY
	09/29/09		50061	CALCULUS OF KIDNEY
			50127	CALCULUS OF KIDNEY
10/08/09	11666	CALCULUS OF URETER		
	42680	CALCULUS OF KIDNEY		
	50320	CALCULUS OF URETER		
10/12/09	50434	CALCULUS OF KIDNEY		

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	PASCIAK MD ROBERT...	10/29/09	50902	CALCULUS OF KIDNEY
		12/01/09	51221	CALCULUS OF KIDNEY
		12/04/09	51831	CALCULUS OF KIDNEY
		12/14/09	51884	CALCULUS OF KIDNEY
		12/21/09	44284	CALCULUS OF KIDNEY
	SEO MD ROBERT M	01/09/09	2014	CALCULUS OF KIDNEY
		02/11/09	43600	CALCULUS OF KIDNEY
		02/17/09	18553	CALCULUS OF KIDNEY
			2014	CALCULUS OF KIDNEY
		02/27/09	44142	CALCULUS OF KIDNEY
			43888	CALCULUS OF KIDNEY
		02/27/09	44422	CALCULUS OF URETER
			23782	CALCULUS OF KIDNEY
		03/03/09	23782	CALCULUS OF KIDNEY
		03/13/09	44142	CALCULUS OF KIDNEY
		03/16/09	44841	CALCULUS OF KIDNEY
		03/17/09	17862	CALCULUS OF KIDNEY
			44762	CALCULUS OF KIDNEY
		03/24/09	44768	CALCULUS OF KIDNEY
		04/08/09	44762	CALCULUS OF URETER
		04/10/09	1164	CALCULUS OF KIDNEY
			21757	CALCULUS OF URETER
		04/17/09	43888	CALCULUS OF KIDNEY
		05/01/09	33007	CALCULUS OF KIDNEY
			45539	CALCULUS OF KIDNEY
		05/06/09	23782	CALCULUS OF KIDNEY
		05/12/09	46185	CALCULUS OF KIDNEY
		05/26/09	17479	CALCULUS OF KIDNEY
			46572	CALCULUS OF KIDNEY
		05/27/09	46631	CALCULUS OF KIDNEY
		05/29/09	46723	CALCULUS OF URETER
		06/05/09	46351	CALCULUS OF KIDNEY
			46565	CALCULUS OF KIDNEY
46963	CALCULUS OF URETER			
06/17/09	47265	CALCULUS OF KIDNEY		
	47267	CALCULUS OF KIDNEY		
	47312	CALCULUS OF KIDNEY		
06/19/09	21856	CALCULUS OF KIDNEY		



## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	SEO MD ROBERT M...	06/19/09...	46565	CALCULUS OF KIDNEY
			46846	CALCULUS OF KIDNEY
			47394	CALCULUS OF URETER
		07/10/09	41907	CALCULUS OF KIDNEY
			47796	CALCULUS OF KIDNEY
		07/15/09	48078	CALCULUS OF URETER
		07/17/09	8214	CALCULUS OF KIDNEY
			33007	CALCULUS OF KIDNEY
		07/29/09	47312	CALCULUS OF KIDNEY
			48519	CALCULUS OF KIDNEY
		08/28/09	8214	CALCULUS OF KIDNEY
			47814	CALCULUS OF KIDNEY
			09/01/09	48372
		09/04/09	48773	CALCULUS OF URETER
		09/09/09	49093	CALCULUS OF KIDNEY
			49551	CALCULUS OF KIDNEY
		09/15/09	49435	CALCULUS OF KIDNEY
		09/25/09	48578	CALCULUS OF KIDNEY
		10/13/09	20444	CALCULUS OF KIDNEY
		10/14/09	50385	CALCULUS OF KIDNEY
			50428	CALCULUS OF KIDNEY
			50606	CALCULUS OF KIDNEY
		11/03/09	3940	CALCULUS OF KIDNEY
		11/04/09	50819	CALCULUS OF KIDNEY
			50949	CALCULUS OF KIDNEY
		11/06/09	51117	CALCULUS OF KIDNEY
			51221	CALCULUS OF KIDNEY
		11/13/09	51158	CALCULUS OF KIDNEY
			51402	CALCULUS OF KIDNEY
		12/22/09	52118	CALCULUS OF URETER
60548	HALEEM MD AZEEM	03/23/09	44870	CALCULUS OF KIDNEY
60608	DESIREDDI MD NARESH	02/03/09	43388	CALCULUS OF KIDNEY
		06/11/09	46944	CALCULUS OF URETER
		07/23/09	48268	CALCULUS OF KIDNEY
	PARK MD SANGTAE	11/30/09	51592	CALCULUS OF KIDNEY
60614	LAND MD SPENCER A	04/24/09	45880	CALCULUS OF URETER
		06/26/09	47545	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60614...	LAND MD SPENCER A...	08/12/09	48786	CALCULUS OF KIDNEY
			48815	CALCULUS OF KIDNEY
		09/09/09	49583	CALCULUS OF URETER
		11/11/09	1776	CALCULUS OF KIDNEY
		11/27/09	51769	CALCULUS OF URETER
		12/15/09	49583	CALCULUS OF URETER
		12/30/09	52494	CALCULUS OF URETER
	SUNDAR MD B	04/01/09	45258	CALCULUS OF KIDNEY
		05/06/09	32380	CALCULUS OF KIDNEY
		07/01/09	47756	CALCULUS OF URETER
		07/06/09	7718	CALCULUS OF KIDNEY
		09/25/09	49722	CALCULUS OF KIDNEY
			49810	CALCULUS OF KIDNEY
		09/28/09	24536	CALCULUS OF URETER
		10/05/09	50177	CALCULUS OF KIDNEY
			50186	CALCULUS OF KIDNEY
			50211	CALCULUS OF KIDNEY
		10/27/09	50177	CALCULUS OF KIDNEY
		12/02/09	18750	CALCULUS OF URETER
60617	GADRINAB MD NELCAR	01/16/09	43030	CALCULUS OF KIDNEY
		03/13/09	44615	CALCULUS OF URETER
		09/23/09	50016	CALCULUS OF KIDNEY
60623	RIOS MD EDGAR	01/14/09	43087	CALCULUS OF URETER
		02/12/09	40985	CALCULUS OF URETER
		03/09/09	44588	CALCULUS OF KIDNEY
		03/23/09	26884	CALCULUS OF URETER
		04/07/09	45277	CALCULUS OF KIDNEY
		07/27/09	48086	CALCULUS OF KIDNEY
		07/28/09	48452	CALCULUS OF KIDNEY
		08/04/09	48639	CALCULUS OF KIDNEY
		08/14/09	48639	CALCULUS OF KIDNEY
		12/04/09	51794	CALCULUS OF URETER
		12/21/09	52267	CALCULUS OF KIDNEY
60638	KHANDEPARKER MD V	01/14/09	42993	CALCULUS OF KIDNEY
		01/29/09	43606	CALCULUS OF URETER
		04/10/09	45443	CALCULUS OF KIDNEY
		07/01/09	45443	CALCULUS OF URETER

## 2009 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60638...	KHANDEPARKER MD V...	08/10/09	48789	CALCULUS OF KIDNEY
		09/04/09	45443	CALCULUS OF URETER
60707	SADAH MD ALAN	02/14/09	20413	CALCULUS OF KIDNEY
		03/14/09	44670	CALCULUS OF KIDNEY
		04/11/09	35499	CALCULUS OF URETER
			45594	CALCULUS OF KIDNEY
		06/05/09	46785	CALCULUS OF KIDNEY
		07/10/09	23865	CALCULUS OF URETER
		08/07/09	48318	CALCULUS OF KIDNEY
		08/26/09	48990	CALCULUS OF KIDNEY
		60805	BONAGURO MD RONALD	01/06/09
05/12/09	45634			CALCULUS OF KIDNEY
06/09/09	46756			CALCULUS OF KIDNEY
09/18/09	7638			CALCULUS OF KIDNEY
09/22/09	7638			CALCULUS OF KIDNEY
10/27/09	45634			CALCULUS OF KIDNEY
11/03/09	51053			CALCULUS OF URETER
11/06/09	42363			CALCULUS OF KIDNEY
	49698			CALCULUS OF KIDNEY
11/24/09	28785			CALCULUS OF KIDNEY
WOHLBERG MD F	03/19/09		44828	CALCULUS OF KIDNEY
	06/11/09		47169	CALCULUS OF URETER
	07/17/09		41131	CALCULUS OF KIDNEY
	07/29/09		48373	CALCULUS OF KIDNEY
ZUMERCHIK MD DAVID	05/04/09		46136	CALCULUS OF URETER
	05/18/09	46553	CALCULUS OF URETER	
	12/09/09	52027	CALCULUS OF KIDNEY	



## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60126	KINZLER MD GORDON	01/05/09	14567
		01/15/09	14692
		01/26/09	14780
		06/22/09	16657
		06/25/09	16802
		08/20/09	16807
		08/31/09	17687
		10/26/09	18297
60137	MERRICK MD PAUL	05/21/09	15746
		07/30/09	16601
		09/24/09	17988
	SMITH MD CRAIG	01/09/09	14741
		01/23/09	14691
		02/20/09	12756
60190	CHRISTENSEN MD JOHN	02/20/09	15387
		01/07/09	14407
	OH MD JOSEPH	01/28/09	14894
		02/18/09	15014
			15015
		04/22/09	15495
		05/20/09	16494
		06/23/09	16493
	RASHID MD MICHAEL A	01/09/09	14852
		01/16/09	14937
		04/02/09	15933
	60302	LEYLAND II MD JOHN T	01/05/09
01/12/09			14785
01/19/09			13875
02/02/09			14952
02/09/09			15064
02/16/09			15259
02/23/09			15347
03/02/09			14952
03/09/09			175

## 2009 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
UNIDENTIFIED
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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CALCULUS OF KIDNEY
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
CALCULUS OF KIDNEY
HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60302...	LEYLAND II MD JOHN T...	03/23/09	15739
		03/30/09	15678
			15792
		04/06/09	15869
		04/13/09	15869
			15909
		04/20/09	16085
		05/04/09	16059
			16298
		05/11/09	16304
		05/22/09	16310
		06/01/09	3
			16456
		06/08/09	39
			16529
			16670
		06/15/09	5037
		06/22/09	16897
		06/29/09	16735
			16861
		07/06/09	16990
		07/20/09	412
		07/27/09	17123
		08/03/09	17335
			17347
			17427
		08/10/09	17459
			17495
		08/17/09	17569
		08/24/09	17669
		08/31/09	17597
		09/14/09	412
		09/21/09	18019
	18025		
10/19/09	18409		
10/26/09	18134		
	18457		

## 2009 Laser by Physician Zip Code

Diagnosis Description
CALCULUS OF URETER
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60302...	LEYLAND II MD JOHN T...	10/28/09	18488
		11/02/09	10736
			18595
		11/09/09	82
		11/23/09	1497
		12/07/09	18947
		12/14/09	19089
		12/21/09	18988
		12/28/09	19330
60305	ZIMMERMAN MD ROBERT	10/26/09	18473
		11/09/09	18702
			18703
		11/30/09	18996
		12/07/09	11970
60402	KIRSH MD EDWARD	01/13/09	14733
		01/27/09	4526
			14933
		02/20/09	15274
		03/10/09	15285
			15338
			15421
		03/24/09	15593
		04/07/09	15907
		04/21/09	15718
		05/05/09	16173
			16200
			16205
		05/28/09	15907
		06/02/09	16345
			16439
06/16/09	197		

## 2009 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
OTHER CALCULUS IN BLADDER
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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CALCULUS OF KIDNEY
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60402...	KIRSH MD EDWARD...	06/16/09...	16423
		07/14/09	2576
		07/28/09	17334
		08/11/09	17499
			17517
		08/25/09	17668
		09/08/09	11010
			17837
		10/06/09	18162
		11/03/09	18430
		11/17/09	18450
			18580
			18769
			18812
		12/01/09	18821
			18836
			18948
		12/15/09	19141
			19171
		12/29/09	18789
MISUREC MD PETER	01/06/09	14634	
	01/09/09	339	
	01/14/09	14764	
	02/03/09	15024	
	03/18/09	15644	
	04/08/09	15818	
	04/15/09	15867	
	07/28/09	17401	
	10/07/09	18302	
	60515	SOSENKO MD GEORGE	01/07/09
01/28/09			14953
01/31/09			14869
02/12/09			14985
02/14/09			15004
02/28/09			15207

2009 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60515...	SOSENKO MD GEORGE...	03/12/09	14508
		03/18/09	15319
		03/27/09	15405
		04/03/09	15618
		06/12/09	16694
		06/20/09	11191
		07/18/09	16953
		07/31/09	17300
		08/07/09	17457
		08/15/09	16322
			17570
		09/18/09	17568
		09/23/09	18111
		11/06/09	18391
		11/27/09	18950
		12/11/09	18990
		12/16/09	18764
60521	CORNFIELD MD JOEL	03/05/09	15335
		03/09/09	15336
		04/02/09	15849
		04/30/09	16194
		05/11/09	16404
		05/18/09	16405
			16452
		05/28/09	16443
		06/01/09	16535
		06/15/09	16837
		06/25/09	16836
		06/30/09	16801
		07/02/09	17041
		07/06/09	17053
			17114
		07/23/09	17348
		08/27/09	17728
17755			
08/31/09	17782		

## 2009 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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MALIGNANT NEOPLASM BLADDER UNSPECIFIED
CALCULUS OF URETER
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CALCULUS OF URETER
HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2009 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60521...	CORNFIELD MD JOEL...	09/21/09	17891
		10/12/09	18249
		10/22/09	18390
			18472
		10/30/09	18581
		11/02/09	18371
			18427
		12/03/09	18371
	KRENGEL MD SAMUEL	01/21/09	14932
		05/20/09	16312
		06/10/09	16612
		07/01/09	17045
			17076
		07/29/09	17254
		08/05/09	17323
10/07/09		17933	
12/09/09		18997	
60525		WILL MD THOMAS	11/12/09
60540	LYON MD PAUL	07/02/09	16789
		09/10/09	17085
		12/02/09	18726
60608	PARK MD SANGTAE	04/09/09	15898
		04/22/09	16047
		08/13/09	17520
		10/21/09	18454
60614	SUNDAR MD B	01/29/09	15016
		03/30/09	15773
		04/27/09	16202
		05/01/09	16064
		05/11/09	16146
		07/06/09	17070
		08/21/09	17586
		09/28/09	18029
		10/12/09	18345
10/16/09	18398		





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Date: 6/22/2010

**2009 Laser by Physician Zip Code**

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Physician Zip	Physician Name	Date of Service	Acct Number

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Date: 6/22/2010

**2009 Laser by Physician Zip Code**

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Diagnosis Description

## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number	
60126	KINZLER MD GORDON	03/20/08	10834	
		06/05/08	11529	
		06/23/08	12049	
		07/07/08	12120	
		08/07/08	12196	
		09/04/08	380	
60137	MERRICK MD PAUL	01/24/08	7399	
			8639	
			9611	
			9720	
		05/08/08	11241	
			11346	
		05/29/08	11397	
			11582	
		11713		
		06/26/08	11651	
		11/06/08	13756	
	SMITH MD CRAIG	02/23/08	10366	
		03/21/08	10338	
		05/30/08	11400	
		09/05/08	12911	
10/03/08		12993		
	10/31/08	13656		
60190	CHRISTENSEN MD JOH	01/15/08	10073	
		OH MD JOSEPH	05/21/08	11326
			08/20/08	12633
		10/08/08	12634	
	RASHID MD MICHAEL A	01/25/08	10259	
		04/11/08	11233	
		09/03/08	12996	
			10/31/08	13641
			11/18/08	14136
60302	LEYLAND II MD JOHN T	01/14/08	9959	
		02/01/08	10318	
		02/04/08	10261	
		02/11/08	10345	

## 2008 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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UNIDENTIFIED
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION
OTHER CALCULUS IN BLADDER
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60302...	LEYLAND II MD JOHN T	02/19/08	10487
		02/25/08	10260
		03/03/08	10465
			10635
		03/10/08	10614
			10732
			10736
		03/17/08	10813
		03/24/08	10736
			10824
		04/14/08	10514
			11148
		04/15/08	11244
		04/21/08	11056
		05/02/08	11312
			11313
		05/05/08	11396
			11403
		05/12/08	11471
			11489
		05/19/08	11593
		06/02/08	11737
			11776
		06/09/08	10973
			11671
		06/16/08	11857
			11970
		06/18/08	12075
		06/19/08	11313
		06/23/08	11941
		06/30/08	11854
			11986
			12107
		07/07/08	11896
12123			
12130			
07/14/08	69		

## 2008 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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CALCULUS OF KIDNEY
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OTHER CALCULUS IN BLADDER
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION
CALCULUS OF KIDNEY
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CALCULUS OF KIDNEY
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CALCULUS OF KIDNEY
UNIDENTIFIED
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60302...	LEYLAND II MD JOHN T	07/21/08	12360
		07/28/08	1553
			12457
		08/11/08	1553
			12545
			12689
		08/18/08	12735
			12736
		08/25/08	4410
			12860
		09/03/08	4410
		09/15/08	13106
		09/22/08	13105
		09/29/08	13323
		10/06/08	13374
		10/13/08	13446
		10/20/08	13446
			13480
			13634
		10/27/08	13800
		11/12/08	13939
		11/17/08	13654
		11/24/08	14019
			14084
		12/01/08	3073
			11313
			14135
		12/08/08	14324
		12/15/08	14316
			14320
12/29/08	9499		
	10973		
	14558		
60402	KIRSH MD EDWARD	01/15/08	9946
			9988

## 2008 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
CALCULUS OF URETER
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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UNIDENTIFIED
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION



## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60402...	KIRSH MD EDWARD...	01/15/08...	10008
			10049
		02/12/08	9928
			10350
			10379
		02/26/08	10463
			10512
			10513
		03/11/08	10145
			10542
			10571
			10643
		03/25/08	10884
		04/08/08	10036
			10798
			10905
			10928
			10929
		04/22/08	10746
			10963
			10974
			11010
		05/06/08	10613
			11057
			11299
		05/20/08	11629
		06/17/08	10049
			11775
			11829
		07/01/08	12153
			12155
		08/12/08	12214
		08/26/08	7175
12635			
12874			
09/09/08	12862		



## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60402...	KIRSH MD EDWARD...	09/09/08...	12862...
			12912
			12982
		09/23/08	12946
			12967
			13078
			13121
		10/21/08	13568
		11/04/08	12109
			13727
		11/18/08	14011
		12/02/08	14243
		12/16/08	10463
			10543
	12/30/08	14391	
		14581	
	KUCERA MD JOSEPH	02/26/08	10513
			10543
		03/11/08	10542
	MISUREC MD PETER	01/08/08	9945
02/27/08		10541	
04/30/08		11133	
06/18/08		11914	
07/16/08		12271	
10/28/08		13447	
11/21/08		13711	
11/25/08		14128	
60515	SOSENKO MD GEORGE	01/04/08	9824
		03/08/08	8774
			10615
		03/28/08	10836
			10860
		04/12/08	10893
		05/17/08	10509
11311			
	05/31/08	11725	

2008 Laser by Physician Zip Code

Diagnosis Description
UNIDENTIFIED
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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HYPERTROPHY OF PROSTATE W/OBSTRUCTION

## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60515...	SOSENKO MD GEORGE	06/21/08	12009
		07/05/08	12193
		07/18/08	12078
			12194
			12258
		08/05/08	12461
		09/10/08	13081
		10/10/08	13164
		10/11/08	13375
		10/29/08	12194
		10/31/08	13216
		12/06/08	13828
		60521	CORNFIELD MD JOEL
03/13/08	10803		
05/05/08	11406		
06/12/08	11748		
07/24/08	12358		
	12507		
07/31/08	12555		
	12567		
09/11/08	12274		
09/22/08	13263		
09/29/08	6797		
10/13/08	13624		
12/18/08	4975		
	10803		
HWANG MD JAY	03/17/08		
	04/03/08		10983
	06/05/08		11754
	07/23/08		10883
	09/11/08		12945
	11/24/08		14176
KRENGEL MD SAMUEL	04/09/08		11117
	04/16/08		10847
	06/18/08		11726
	06/25/08		11430
	07/16/08		12207



## 2008 Laser by Physician Zip Code

Physician Zip	Physician Name	Date of Service	Acct Number
60521...	KRENGEL MD SAMUEL	07/30/08	12403
		08/06/08	12382
		10/29/08	13643
		11/05/08	13877
		12/17/08	13655
			14543
60540	FAKOURI MD BEJAN	02/11/08	10376
	LYON MD PAUL	02/21/08	10462
60608	PARK MD SANGTAE	05/29/08	11722
		06/19/08	12005
		07/31/08	12195
60614	SUNDAR MD B	01/22/08	10084
		02/01/08	10236
			10237
		03/07/08	10661
		04/16/08	11035
		05/23/08	11568
		06/12/08	11779
		06/16/08	11832
		06/17/08	11962
		06/23/08	11831
		07/08/08	12109
		08/01/08	12273
			12405
		10/10/08	13035
		11/07/08	13811
		12/09/08	14353
12/17/08	14534		
	14430		
60714	STOBNICKI MD MAREK	07/07/08	11134

2008 Laser by Physician Zip Code

Diagnosis Description
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
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UNIDENTIFIED
HYPERTROPHY OF PROSTATE W/OBSTRUCTION
UNIDENTIFIED



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
53545	KOPNICK MD MITCHELL	04/29/08	35940	CALCULUS OF KIDNEY
60007	SCHUSTER MD GEORGE	02/08/08	32589	CALCULUS OF KIDNEY
		02/21/08	28026	CALCULUS OF KIDNEY
		03/27/08	34822	CALCULUS OF URETER
		04/03/08	35103	CALCULUS OF KIDNEY
		06/26/08	37219	CALCULUS OF URETER
		08/14/08	38455	CALCULUS OF KIDNEY
		09/25/08	38121	CALCULUS OF KIDNEY
		11/11/08	40975	CALCULUS OF KIDNEY
60045	JANSON MD KENNETH	12/15/08	13632	CALCULUS OF KIDNEY
60126	BADWAN MD KHALID H	01/02/08	32656	CALCULUS OF URETER
		01/09/08	32656	CALCULUS OF URETER
		01/18/08	32217	CALCULUS OF KIDNEY
		01/25/08	32383	CALCULUS OF KIDNEY
		02/27/08	19768	CALCULUS OF KIDNEY
		03/17/08	34664	CALCULUS OF URETER
		03/24/08	34724	CALCULUS OF KIDNEY
		05/12/08	36109	CALCULUS OF URETER
		05/16/08	36365	CALCULUS OF KIDNEY
		05/19/08	36498	CALCULUS OF KIDNEY
		05/21/08	36192	CALCULUS OF KIDNEY
		05/30/08	36819	CALCULUS OF URETER
		06/04/08	36498	CALCULUS OF KIDNEY
			36766	CALCULUS OF KIDNEY
		06/10/08	37008	CALCULUS OF KIDNEY
		06/20/08	37258	CALCULUS OF URETER
		06/30/08	37008	CALCULUS OF KIDNEY
		07/21/08	37371	CALCULUS OF KIDNEY
		09/03/08	39401	CALCULUS OF KIDNEY
		09/19/08	39811	CALCULUS OF KIDNEY
		10/01/08	40102	CALCULUS OF KIDNEY
		10/15/08	39817	CALCULUS OF KIDNEY
		10/24/08	40871	CALCULUS OF URETER
10/28/08	41079	CALCULUS OF KIDNEY		
11/14/08	41103	CALCULUS OF KIDNEY		
12/12/08	42222	CALCULUS OF KIDNEY		
	42258	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60126...	BADWAN MD KHALID H...	12/12/08...	42286	CALCULUS OF KIDNEY
		12/31/08	42286	CALCULUS OF KIDNEY
	CINEL MD SCOTT	02/15/08	33273	CALCULUS OF KIDNEY
			33745	CALCULUS OF KIDNEY
		02/29/08	29674	CALCULUS OF KIDNEY
			32737	CALCULUS OF KIDNEY
		03/14/08	33745	CALCULUS OF KIDNEY
			34350	CALCULUS OF KIDNEY
		04/03/08	33745	CALCULUS OF URETER
		04/04/08	32464	CALCULUS OF KIDNEY
			34721	CALCULUS OF KIDNEY
		07/18/08	7295	CALCULUS OF KIDNEY
		08/01/08	38422	CALCULUS OF KIDNEY
		08/06/08	38691	CALCULUS OF KIDNEY
		08/20/08	23169	CALCULUS OF KIDNEY
			38692	CALCULUS OF URETER
		08/22/08	37046	CALCULUS OF KIDNEY
		08/29/08	37839	CALCULUS OF KIDNEY
		09/05/08	39389	CALCULUS OF KIDNEY
			39459	CALCULUS OF URETER
		09/19/08	39536	CALCULUS OF URETER
		10/10/08	39714	CALCULUS OF KIDNEY
			40284	CALCULUS OF URETER
		11/06/08	40055	CALCULUS OF KIDNEY
		11/07/08	30235	CALCULUS OF KIDNEY
		11/21/08	40751	CALCULUS OF KIDNEY
		11/28/08	41987	CALCULUS OF URETER
		12/10/08	40055	CALCULUS OF URETER
		42161	CALCULUS OF KIDNEY	
	12/17/08	38691	CALCULUS OF KIDNEY	
	12/22/08	42361	CALCULUS OF URETER	
	KINZLER MD GORDON	01/14/08	32903	CALCULUS OF KIDNEY
		02/14/08	32903	CALCULUS OF KIDNEY
02/20/08		33992	CALCULUS OF KIDNEY	
02/21/08		33016	CALCULUS OF KIDNEY	
03/06/08		33992	CALCULUS OF KIDNEY	
05/01/08		36027	CALCULUS OF KIDNEY	

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60126...	KINZLER MD GORDON...	06/23/08	37360	CALCULUS OF KIDNEY
		09/08/08	39628	CALCULUS OF URETER
		12/10/08	12399	CALCULUS OF KIDNEY
			42220	CALCULUS OF URETER
		12/11/08	5392	CALCULUS OF KIDNEY
		12/31/08	42139	CALCULUS OF KIDNEY
	KISIELIUS MD PETRAS	01/03/08	32727	CALCULUS OF KIDNEY
		01/22/08	26998	CALCULUS OF URETER
		02/07/08	33390	CALCULUS OF KIDNEY
		02/21/08	33960	CALCULUS OF KIDNEY
		03/06/08	33960	CALCULUS OF KIDNEY
		04/10/08	35424	CALCULUS OF KIDNEY
		04/17/08	35516	CALCULUS OF URETER
			35544	CALCULUS OF KIDNEY
		04/22/08	34836	CALCULUS OF KIDNEY
		04/24/08	35424	CALCULUS OF URETER
			35516	CALCULUS OF URETER
		04/29/08	34836	CALCULUS OF KIDNEY
		05/01/08	22265	CALCULUS OF KIDNEY
			35544	CALCULUS OF KIDNEY
			35997	CALCULUS OF KIDNEY
		05/15/08	22265	CALCULUS OF KIDNEY
		05/22/08	36614	CALCULUS OF URETER
		06/19/08	37313	CALCULUS OF URETER
		06/26/08	37382	CALCULUS OF URETER
		07/22/08	38256	CALCULUS OF KIDNEY
		08/14/08	38424	CALCULUS OF KIDNEY
		08/20/08	38256	CALCULUS OF URETER
			38807	CALCULUS OF KIDNEY
		08/21/08	38882	CALCULUS OF KIDNEY
			38424	CALCULUS OF KIDNEY
		08/28/08	38807	CALCULUS OF KIDNEY
			38882	CALCULUS OF URETER
		09/04/08	40140	CALCULUS OF KIDNEY
10/09/08	38882	CALCULUS OF KIDNEY		
10/10/08	38424	CALCULUS OF URETER		
10/16/08	38813	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60126...	KISIELIUS MD PETRAS...	11/13/08	41284	CALCULUS OF KIDNEY
		12/30/08	41284	CALCULUS OF KIDNEY
60134	STEINBERG MD ABRAHAM	01/30/08	33264	CALCULUS OF KIDNEY
			33361	CALCULUS OF KIDNEY
		03/03/08	34148	CALCULUS OF URETER
		03/18/08	18228	CALCULUS OF KIDNEY
			34597	CALCULUS OF KIDNEY
			34602	CALCULUS OF KIDNEY
		04/15/08	35514	CALCULUS OF KIDNEY
		05/01/08	35912	CALCULUS OF URETER
		05/13/08	18228	CALCULUS OF KIDNEY
			24035	CALCULUS OF KIDNEY
		06/05/08	34597	CALCULUS OF KIDNEY
			34602	CALCULUS OF KIDNEY
		06/26/08	37319	CALCULUS OF URETER
		07/02/08	37634	CALCULUS OF KIDNEY
			37709	CALCULUS OF KIDNEY
		07/31/08	18228	CALCULUS OF KIDNEY
			29496	CALCULUS OF URETER
		08/05/08	38537	CALCULUS OF URETER
		08/14/08	37709	CALCULUS OF KIDNEY
		08/21/08	39132	CALCULUS OF KIDNEY
		08/28/08	39129	CALCULUS OF KIDNEY
			39210	CALCULUS OF URETER
		09/03/08	37319	CALCULUS OF KIDNEY
			39441	CALCULUS OF KIDNEY
		09/10/08	39692	CALCULUS OF KIDNEY
		09/17/08	39792	CALCULUS OF KIDNEY
09/25/08	40109	CALCULUS OF URETER		
10/06/08	39132	CALCULUS OF URETER		
10/23/08	18228	CALCULUS OF KIDNEY		
	40873	CALCULUS OF KIDNEY		
11/06/08	37634	CALCULUS OF KIDNEY		
	41041	CALCULUS OF KIDNEY		
11/12/08	41277	CALCULUS OF KIDNEY		
11/18/08	8136	CALCULUS OF KIDNEY		
11/25/08	13815	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60134...	STEINBERG MD ABRAHAM	12/11/08	41905	CALCULUS OF KIDNEY
60137	LISEK MD ERNST	01/02/08	32539	CALCULUS OF KIDNEY
		02/14/08	32973	CALCULUS OF KIDNEY
		03/19/08	34693	CALCULUS OF KIDNEY
		03/20/08	10420	CALCULUS OF KIDNEY
		05/14/08	35461	CALCULUS OF KIDNEY
		05/28/08	36543	CALCULUS OF KIDNEY
		05/31/08	35807	CALCULUS OF KIDNEY
			36629	CALCULUS OF KIDNEY
		07/14/08	37163	CALCULUS OF KIDNEY
		07/31/08	38501	CALCULUS OF KIDNEY
		09/19/08	39993	CALCULUS OF KIDNEY
	MERRICK MD PAUL	01/03/08	32728	CALCULUS OF URETER
		01/17/08	32928	CALCULUS OF KIDNEY
		01/24/08	23264	CALCULUS OF KIDNEY
		02/14/08	10510	CALCULUS OF KIDNEY
		04/17/08	31858	CALCULUS OF KIDNEY
			34612	CALCULUS OF KIDNEY
		04/26/08	10501	CALCULUS OF KIDNEY
		05/08/08	16304	CALCULUS OF KIDNEY
			34619	CALCULUS OF KIDNEY
		05/31/08	36610	CALCULUS OF KIDNEY
		06/05/08	36917	CALCULUS OF KIDNEY
			36919	CALCULUS OF URETER
		06/19/08	36575	CALCULUS OF KIDNEY
		06/26/08	37431	CALCULUS OF URETER
		07/03/08	36936	CALCULUS OF KIDNEY
			37039	CALCULUS OF KIDNEY
			37055	CALCULUS OF KIDNEY
			37432	CALCULUS OF URETER
		07/24/08	38313	CALCULUS OF URETER
			38350	CALCULUS OF URETER
		08/05/08	8875	CALCULUS OF URETER
		08/27/08	39163	CALCULUS OF URETER
		08/28/08	37070	CALCULUS OF KIDNEY
			38460	CALCULUS OF KIDNEY
		09/13/08	39713	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	MERRICK MD PAUL...	09/13/08...	39719	CALCULUS OF KIDNEY
		09/18/08	39476	CALCULUS OF KIDNEY
		09/24/08	39581	CALCULUS OF KIDNEY
		10/03/08	32422	CALCULUS OF KIDNEY
			40035	CALCULUS OF KIDNEY
			40074	CALCULUS OF KIDNEY
		10/09/08	38461	CALCULUS OF KIDNEY
		11/03/08	40591	CALCULUS OF KIDNEY
			40611	CALCULUS OF KIDNEY
			40748	CALCULUS OF KIDNEY
			41155	CALCULUS OF URETER
		12/04/08	38461	CALCULUS OF KIDNEY
		12/11/08	34612	CALCULUS OF KIDNEY
		12/12/08	42022	CALCULUS OF KIDNEY
	SMITH MD CRAIG	01/14/08	31841	CALCULUS OF KIDNEY
		01/25/08	13466	CALCULUS OF KIDNEY
			15230	CALCULUS OF KIDNEY
			32242	CALCULUS OF KIDNEY
			32299	CALCULUS OF KIDNEY
			32711	CALCULUS OF KIDNEY
		02/08/08	32242	CALCULUS OF KIDNEY
			32832	CALCULUS OF KIDNEY
			33449	CALCULUS OF KIDNEY
		02/21/08	32299	CALCULUS OF KIDNEY
		02/23/08	33954	CALCULUS OF URETER
			34108	CALCULUS OF URETER
		03/04/08	3223	CALCULUS OF KIDNEY
		03/21/08	20696	CALCULUS OF KIDNEY
			32299	CALCULUS OF URETER
			33963	CALCULUS OF KIDNEY
			34794	CALCULUS OF URETER
			34886	CALCULUS OF URETER
04/18/08	15947	CALCULUS OF URETER		
	32299	CALCULUS OF URETER		
	32832	CALCULUS OF KIDNEY		
	35054	CALCULUS OF KIDNEY		
04/24/08	25987	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	SMITH MD CRAIG...	05/02/08	13466	CALCULUS OF KIDNEY
			32594	CALCULUS OF KIDNEY
		05/10/08	36294	CALCULUS OF URETER
		05/28/08	26385	CALCULUS OF KIDNEY
			36778	CALCULUS OF KIDNEY
		05/29/08	36804	CALCULUS OF URETER
		05/30/08	35054	CALCULUS OF KIDNEY
			36767	CALCULUS OF KIDNEY
		06/07/08	20411	CALCULUS OF KIDNEY
			37033	CALCULUS OF URETER
		06/21/08	6284	CALCULUS OF KIDNEY
			37383	CALCULUS OF KIDNEY
		06/27/08	17576	CALCULUS OF KIDNEY
			37587	CALCULUS OF KIDNEY
			37635	CALCULUS OF URETER
		07/11/08	37176	CALCULUS OF KIDNEY
			38031	CALCULUS OF URETER
		07/15/08	38074	CALCULUS OF URETER
			38077	CALCULUS OF KIDNEY
			38078	CALCULUS OF URETER
		08/16/08	39025	CALCULUS OF URETER
			39071	CALCULUS OF URETER
		08/22/08	6284	CALCULUS OF KIDNEY
			32645	CALCULUS OF URETER
			35389	CALCULUS OF KIDNEY
		09/03/08	8875	CALCULUS OF KIDNEY
		09/05/08	8285	CALCULUS OF KIDNEY
			13466	CALCULUS OF KIDNEY
			38389	CALCULUS OF KIDNEY
			39071	CALCULUS OF KIDNEY
		09/19/08	9747	CALCULUS OF URETER
			17576	CALCULUS OF KIDNEY
			17583	CALCULUS OF KIDNEY
			39486	CALCULUS OF KIDNEY
			39983	CALCULUS OF URETER
			39996	CALCULUS OF KIDNEY
		10/01/08	40310	CALCULUS OF URETER

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	SMITH MD CRAIG...	10/03/08	8875	CALCULUS OF KIDNEY
			19851	CALCULUS OF KIDNEY
			37963	CALCULUS OF KIDNEY
			38389	CALCULUS OF KIDNEY
			39983	CALCULUS OF URETER
		10/17/08	1465	CALCULUS OF KIDNEY
			3223	CALCULUS OF KIDNEY
			23516	CALCULUS OF KIDNEY
			40364	HYDRONEPHROSIS
			40623	CALCULUS OF KIDNEY
			40673	CALCULUS OF KIDNEY
		10/31/08	8256	CALCULUS OF KIDNEY
			37963	CALCULUS OF KIDNEY
			38765	CALCULUS OF KIDNEY
			40830	HYPERPLASIA OF PROS
			41105	CALCULUS OF URETER
		11/22/08	41312	CALCULUS OF KIDNEY
		11/28/08	10540	CALCULUS OF KIDNEY
			37963	CALCULUS OF KIDNEY
			41105	CALCULUS OF KIDNEY
			41897	CALCULUS OF KIDNEY
		12/06/08	41271	CALCULUS OF KIDNEY
		12/20/08	1928	CALCULUS OF KIDNEY
			42474	CALCULUS OF URETER
	42534		CALCULUS OF KIDNEY	
	UNG MD JEAN OU	01/04/08	32568	CALCULUS OF URETER
		01/10/08	28407	CALCULUS OF URETER
			30223	CALCULUS OF KIDNEY
		01/21/08	32568	CALCULUS OF URETER
			32818	CALCULUS OF KIDNEY
		01/28/08	33131	CALCULUS OF URETER
			33141	CALCULUS OF KIDNEY
02/19/08		33156	CALCULUS OF KIDNEY	
02/27/08		34174	CALCULUS OF URETER	
04/14/08		35181	CALCULUS OF KIDNEY	
04/21/08	35763	CALCULUS OF URETER		
05/12/08	35731	CALCULUS OF KIDNEY		



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60137...	UNG MD JEAN OU...	05/12/08...	36117	CALCULUS OF KIDNEY
		05/22/08	36471	CALCULUS OF URETER
		06/06/08	36809	CALCULUS OF URETER
		06/10/08	36650	CALCULUS OF KIDNEY
		07/01/08	37557	CALCULUS OF KIDNEY
		07/11/08	37789	CALCULUS OF KIDNEY
			37965	CALCULUS OF URETER
		07/18/08	38216	CALCULUS OF KIDNEY
		08/19/08	38725	CALCULUS OF KIDNEY
		08/26/08	39203	CALCULUS OF URETER
		10/06/08	40299	CALCULUS OF KIDNEY
		10/13/08	10784	CALCULUS OF KIDNEY
			40119	CALCULUS OF KIDNEY
		11/17/08	40503	CALCULUS OF KIDNEY
		11/25/08	34171	CALCULUS OF KIDNEY
		12/11/08	41603	CALCULUS OF KIDNEY
		12/22/08	28407	CALCULUS OF URETER
60160	LAI MD ROBERT S	01/28/08	32977	CALCULUS OF KIDNEY
		02/15/08	33713	CALCULUS OF URETER
		03/05/08	2203	CALCULUS OF URETER
			34394	CALCULUS OF URETER
		04/14/08	35319	CALCULUS OF URETER
		04/22/08	35419	CALCULUS OF URETER
		05/07/08	35671	CALCULUS OF URETER
		05/23/08	36682	CALCULUS OF KIDNEY
		06/13/08	37223	CALCULUS OF URETER
		07/09/08	37818	CALCULUS OF URETER
		07/22/08	38282	CALCULUS OF URETER
		08/04/08	38618	CALCULUS OF URETER
		08/05/08	38433	CALCULUS OF URETER
		09/12/08	39319	CALCULUS OF KIDNEY
		10/08/08	40311	CALCULUS OF KIDNEY
		10/17/08	37223	CALCULUS OF URETER
			40594	CALCULUS OF URETER
		10/21/08	40804	CALCULUS OF URETER
		10/29/08	40609	CALCULUS OF KIDNEY
40952	CALCULUS OF KIDNEY			

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60160...	LAI MD ROBERT S...	11/19/08	40962	CALCULUS OF KIDNEY
		12/10/08	35419	CALCULUS OF URETER
		12/12/08	35419	CALCULUS OF URETER
		12/23/08	42644	CALCULUS OF KIDNEY
		12/29/08	42708	CALCULUS OF KIDNEY
		12/31/08	42602	CALCULUS OF URETER
60178	BURSTEIN MD JAY D	01/24/08	32793	CALCULUS OF KIDNEY
		02/08/08	3089	CALCULUS OF URETER
			32944	CALCULUS OF URETER
		04/04/08	34445	CALCULUS OF KIDNEY
			34577	CALCULUS OF KIDNEY
			34578	CALCULUS OF KIDNEY
		06/12/08	36536	CALCULUS OF KIDNEY
			36537	CALCULUS OF KIDNEY
		08/22/08	38512	CALCULUS OF KIDNEY
			38514	CALCULUS OF URETER
			38915	CALCULUS OF KIDNEY
		09/26/08	38514	CALCULUS OF KIDNEY
	38915		CALCULUS OF KIDNEY	
	40057		CALCULUS OF KIDNEY	
	10/24/08	40057	CALCULUS OF KIDNEY	
	11/21/08	41092	CALCULUS OF URETER	
	BUX MD SAJIT	01/08/08	32792	CALCULUS OF URETER
		02/05/08	32005	CALCULUS OF KIDNEY
			33211	CALCULUS OF KIDNEY
			33583	CALCULUS OF KIDNEY
		03/20/08	33583	CALCULUS OF URETER
		04/08/08	35041	CALCULUS OF KIDNEY
		04/10/08	33211	CALCULUS OF KIDNEY
		05/08/08	35850	CALCULUS OF KIDNEY
06/11/08		33583	CALCULUS OF URETER	
		36999	CALCULUS OF KIDNEY	
06/18/08		37327	CALCULUS OF KIDNEY	
06/24/08		37507	CALCULUS OF KIDNEY	
07/02/08	37659	CALCULUS OF URETER		
08/05/08	38411	CALCULUS OF KIDNEY		
10/02/08	13205	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60178...	BUX MD SAJIT...	10/15/08	39994	CALCULUS OF KIDNEY
		10/29/08	40046	CALCULUS OF KIDNEY
		12/04/08	41637	CALCULUS OF URETER
			41902	CALCULUS OF KIDNEY
		12/16/08	42199	CALCULUS OF KIDNEY
60187	CHALLENGER MD ROBER	01/09/08	32157	CALCULUS OF URETER
			32766	CALCULUS OF KIDNEY
		02/20/08	33697	CALCULUS OF KIDNEY
			33819	CALCULUS OF URETER
			33957	CALCULUS OF URETER
			33967	CALCULUS OF KIDNEY
			04/16/08	26471
		06/25/08	28352	CALCULUS OF KIDNEY
			33480	CALCULUS OF KIDNEY
			35111	CALCULUS OF URETER
			35321	CALCULUS OF KIDNEY
			35597	CALCULUS OF URETER
		08/06/08	15388	CALCULUS OF KIDNEY
			24728	CALCULUS OF URETER
			36909	CALCULUS OF KIDNEY
			37041	CALCULUS OF KIDNEY
		08/12/08	37107	CALCULUS OF KIDNEY
			38371	CALCULUS OF KIDNEY
			38636	CALCULUS OF KIDNEY
		08/27/08	38906	CALCULUS OF KIDNEY
		08/27/08	39200	CALCULUS OF KIDNEY
		09/12/08	31278	CALCULUS OF KIDNEY
		09/18/08	39200	CALCULUS OF KIDNEY
			39398	CALCULUS OF KIDNEY
			39647	CALCULUS OF KIDNEY
			39653	CALCULUS OF KIDNEY
		10/14/08	40643	CALCULUS OF KIDNEY
		11/05/08	11099	CALCULUS OF KIDNEY
		11/13/08	26837	CALCULUS OF KIDNEY
			41080	CALCULUS OF KIDNEY
		12/31/08	41055	CALCULUS OF KIDNEY
			GIBLIN MD JAMES	02/16/08

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60187...	GIBLIN MD JAMES...	04/30/08	18800	CALCULUS OF KIDNEY	
			35164	CALCULUS OF KIDNEY	
			35725	CALCULUS OF KIDNEY	
			35811	CALCULUS OF URETER	
		06/10/08	36903	CALCULUS OF KIDNEY	
		09/29/08	39276	CALCULUS OF KIDNEY	
		10/16/08	31118	CALCULUS OF URETER	
			39250	CALCULUS OF KIDNEY	
			39671	CALCULUS OF KIDNEY	
			39933	CALCULUS OF KIDNEY	
		12/18/08	1617	CALCULUS OF KIDNEY	
			39276	CALCULUS OF KIDNEY	
			41408	CALCULUS OF KIDNEY	
			41718	CALCULUS OF KIDNEY	
		NUZZARELLO MD JOSEPH	01/23/08	30475	CALCULUS OF KIDNEY
				31104	CALCULUS OF KIDNEY
	33081			CALCULUS OF KIDNEY	
	03/19/08		27865	CALCULUS OF KIDNEY	
			31104	CALCULUS OF KIDNEY	
			32060	CALCULUS OF KIDNEY	
			34623	CALCULUS OF URETER	
	05/14/08		34805	CALCULUS OF URETER	
			34805	CALCULUS OF KIDNEY	
			35149	CALCULUS OF KIDNEY	
			35205	CALCULUS OF KIDNEY	
	05/24/08		35957	CALCULUS OF KIDNEY	
			36041	CALCULUS OF KIDNEY	
			30475	CALCULUS OF KIDNEY	
	06/09/08		36516	CALCULUS OF URETER	
			36518	CALCULUS OF KIDNEY	
	06/12/08	36600	CALCULUS OF URETER		
		31104	CALCULUS OF KIDNEY		
07/09/08	36457	CALCULUS OF KIDNEY			
	6023	CALCULUS OF KIDNEY			
09/04/08	36430	CALCULUS OF URETER			
	38634	CALCULUS OF KIDNEY			
		39022	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60187...	NUZZARELLO MD JOSEPH	09/04/08...	39031	CALCULUS OF KIDNEY	
			39137	CALCULUS OF KIDNEY	
		10/30/08	31278	CALCULUS OF KIDNEY	
			39717	CALCULUS OF URETER	
			40352	CALCULUS OF KIDNEY	
			40582	CALCULUS OF KIDNEY	
			40896	CALCULUS OF KIDNEY	
		11/20/08	39982	CALCULUS OF KIDNEY	
			40615	CALCULUS OF KIDNEY	
			40915	CALCULUS OF KIDNEY	
			41055	CALCULUS OF KIDNEY	
			41572	CALCULUS OF KIDNEY	
		12/24/08	3418	CALCULUS OF KIDNEY	
		TROCKMAN MD BRETT	02/06/08	29798	CALCULUS OF URETER
				32986	CALCULUS OF KIDNEY
	33239			CALCULUS OF KIDNEY	
	33369			CALCULUS OF KIDNEY	
	05/28/08		13660	CALCULUS OF URETER	
			36429	CALCULUS OF URETER	
			36430	CALCULUS OF URETER	
			36609	CALCULUS OF KIDNEY	
	05/31/08		36791	CALCULUS OF URETER	
			36803	CALCULUS OF KIDNEY	
	07/23/08		17319	CALCULUS OF KIDNEY	
			36903	CALCULUS OF KIDNEY	
			37900	CALCULUS OF KIDNEY	
			38101	CALCULUS OF KIDNEY	
09/25/08	39717		CALCULUS OF KIDNEY		
	39982		CALCULUS OF KIDNEY		
10/02/08	10270		CALCULUS OF KIDNEY		
	39501		CALCULUS OF KIDNEY		
	39516		CALCULUS OF KIDNEY		
12/04/08	42030	CALCULUS OF KIDNEY			
	42141	CALCULUS OF URETER			
60188	DARWISH MD MOHAMME	12/03/08	42028	CALCULUS OF KIDNEY	
60190	CHRISTENSEN MD JOHN	01/15/08	32253	CALCULUS OF KIDNEY	
			33006	CALCULUS OF KIDNEY	

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	CHRISTENSEN MD JOHN.	02/19/08	24971	CALCULUS OF KIDNEY
			30679	CALCULUS OF KIDNEY
			33759	CALCULUS OF URETER
			33965	CALCULUS OF URETER
		03/11/08	34604	CALCULUS OF URETER
		04/15/08	26504	CALCULUS OF KIDNEY
			33759	CALCULUS OF URETER
			35091	CALCULUS OF KIDNEY
			35097	CALCULUS OF KIDNEY
		05/09/08	36196	CALCULUS OF URETER
		05/13/08	36404	CALCULUS OF URETER
		05/20/08	1928	CALCULUS OF KIDNEY
			33759	CALCULUS OF KIDNEY
			36444	CALCULUS OF KIDNEY
		06/03/08	30323	CALCULUS OF URETER
			30769	CALCULUS OF KIDNEY
			32253	CALCULUS OF KIDNEY
			36796	CALCULUS OF URETER
			36839	CALCULUS OF URETER
			36937	CALCULUS OF URETER
		06/17/08	1928	CALCULUS OF KIDNEY
			25767	CALCULUS OF KIDNEY
			36998	CALCULUS OF URETER
			37157	CALCULUS OF URETER
			37213	CALCULUS OF URETER
		07/02/08	37772	CALCULUS OF KIDNEY
		07/15/08	26504	CALCULUS OF KIDNEY
			37766	CALCULUS OF KIDNEY
			37778	CALCULUS OF KIDNEY
			37986	CALCULUS OF KIDNEY
			38157	CALCULUS OF URETER
		10/28/08	40325	CALCULUS OF URETER
			40872	CALCULUS OF KIDNEY
		11/11/08	40879	CALCULUS OF KIDNEY
			41420	CALCULUS OF URETER
		11/21/08	40186	CALCULUS OF KIDNEY
			40729	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60190...	CHRISTENSEN MD JOHN.	11/21/08...	40799	CALCULUS OF KIDNEY	
			41651	CALCULUS OF KIDNEY	
			41714	CALCULUS OF KIDNEY	
			41716	CALCULUS OF URETER	
			41858	CALCULUS OF URETER	
		11/25/08	41933	CALCULUS OF URETER	
	12/10/08	42344	CALCULUS OF URETER		
	LENTING MD ERIC		01/11/08	16467	CALCULUS OF KIDNEY
			01/29/08	33114	CALCULUS OF URETER
				33333	CALCULUS OF URETER
				33398	CALCULUS OF URETER
			02/12/08	33750	CALCULUS OF KIDNEY
			03/04/08	34247	CALCULUS OF KIDNEY
				34353	CALCULUS OF KIDNEY
			03/14/08	34725	CALCULUS OF URETER
			03/18/08	3156	CALCULUS OF URETER
				34786	CALCULUS OF URETER
			03/28/08	34656	CALCULUS OF URETER
				34915	CALCULUS OF KIDNEY
				35052	CALCULUS OF KIDNEY
			04/01/08	34725	CALCULUS OF URETER
				35159	CALCULUS OF URETER
			04/29/08	1970	CALCULUS OF URETER
				25722	CALCULUS OF KIDNEY
				35826	CALCULUS OF URETER
			05/22/08	5627	CALCULUS OF KIDNEY
				6436	CALCULUS OF KIDNEY
				22405	CALCULUS OF KIDNEY
				36078	CALCULUS OF URETER
				36481	CALCULUS OF KIDNEY
			06/06/08	36754	CALCULUS OF KIDNEY
				36794	CALCULUS OF KIDNEY
				36930	CALCULUS OF URETER
36969				CALCULUS OF URETER	
06/10/08	37111	CALCULUS OF URETER			
07/18/08	36078	CALCULUS OF KIDNEY			
	36444	CALCULUS OF KIDNEY			

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description	
60190...	LENTING MD ERIC...	07/18/08...	37595	CALCULUS OF URETER	
		08/01/08	38637	CALCULUS OF URETER	
		08/04/08	38125	CALCULUS OF KIDNEY	
			38413	CALCULUS OF KIDNEY	
		08/22/08	36930	CALCULUS OF KIDNEY	
			37596	CALCULUS OF KIDNEY	
			38968	CALCULUS OF KIDNEY	
		09/11/08	19395	CALCULUS OF KIDNEY	
			38413	CALCULUS OF KIDNEY	
		10/01/08	40265	CALCULUS OF URETER	
			40348	CALCULUS OF URETER	
		10/17/08	22405	CALCULUS OF KIDNEY	
		11/07/08	39295	CALCULUS OF KIDNEY	
			40255	CALCULUS OF KIDNEY	
			40840	CALCULUS OF KIDNEY	
			40956	CALCULUS OF URETER	
		12/05/08	4066	CALCULUS OF URETER	
			41641	CALCULUS OF KIDNEY	
			41753	CALCULUS OF URETER	
			41869	CALCULUS OF KIDNEY	
			42124	CALCULUS OF URETER	
			42201	CALCULUS OF KIDNEY	
			42217	CALCULUS OF URETER	
		12/09/08	36794	CALCULUS OF URETER	
			42287	CALCULUS OF KIDNEY	
		12/12/08	31492	CALCULUS OF KIDNEY	
			33759	CALCULUS OF KIDNEY	
			41643	CALCULUS OF KIDNEY	
		12/23/08	41714	CALCULUS OF KIDNEY	
			42033	CALCULUS OF KIDNEY	
			42655	CALCULUS OF KIDNEY	
			42661	CALCULUS OF URETER	
			42678	CALCULUS OF URETER	
		12/30/08	42806	CALCULUS OF URETER	
		OH MD JOSEPH	01/23/08	32970	CALCULUS OF KIDNEY
			02/06/08	33204	CALCULUS OF KIDNEY
			03/12/08	32979	CALCULUS OF KIDNEY



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	OH MD JOSEPH...	03/12/08...	34589	CALCULUS OF URETER
		04/09/08	35302	CALCULUS OF KIDNEY
		04/23/08	29472	CALCULUS OF KIDNEY
		05/21/08	32979	CALCULUS OF KIDNEY
		05/27/08	36690	CALCULUS OF KIDNEY
		10/01/08	39576	CALCULUS OF KIDNEY
		10/08/08	40452	CALCULUS OF URETER
		10/14/08	40451	CALCULUS OF KIDNEY
		10/29/08	29940	CALCULUS OF KIDNEY
			41057	CALCULUS OF URETER
		11/11/08	29940	CALCULUS OF KIDNEY
	PLANTE MD JOHN	02/07/08	33479	CALCULUS OF KIDNEY
		02/15/08	33566	CALCULUS OF KIDNEY
			03/07/08	33901
		34173		CALCULUS OF KIDNEY
		34278		CALCULUS OF URETER
		34460		CALCULUS OF URETER
		03/13/08	34656	CALCULUS OF KIDNEY
		03/20/08	34556	CALCULUS OF KIDNEY
			34657	CALCULUS OF KIDNEY
			34732	CALCULUS OF KIDNEY
		03/27/08	33750	CALCULUS OF KIDNEY
			34460	CALCULUS OF URETER
			34689	CALCULUS OF KIDNEY
			35008	CALCULUS OF KIDNEY
		04/17/08	26707	CALCULUS OF KIDNEY
			35332	CALCULUS OF KIDNEY
		05/09/08	35873	CALCULUS OF KIDNEY
			35874	CALCULUS OF KIDNEY
			35941	CALCULUS OF KIDNEY
			36076	CALCULUS OF KIDNEY
	05/30/08	29846	CALCULUS OF KIDNEY	
		36621	CALCULUS OF KIDNEY	
36844		CALCULUS OF KIDNEY		
06/20/08	36796	CALCULUS OF URETER		
	37111	CALCULUS OF KIDNEY		
	37392	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	PLANTE MD JOHN...	07/17/08	26493	CALCULUS OF KIDNEY
		08/01/08	38076	CALCULUS OF KIDNEY
			38095	CALCULUS OF KIDNEY
			08/15/08	37392
		38450		CALCULUS OF KIDNEY
		38990		CALCULUS OF KIDNEY
		08/21/08	38838	CALCULUS OF KIDNEY
		09/18/08	33479	CALCULUS OF KIDNEY
			39481	CALCULUS OF KIDNEY
		10/09/08	34556	CALCULUS OF URETER
			40268	CALCULUS OF KIDNEY
			40425	CALCULUS OF URETER
		10/24/08	8360	CALCULUS OF KIDNEY
			40878	CALCULUS OF KIDNEY
			40879	CALCULUS OF KIDNEY
			40956	CALCULUS OF URETER
		10/30/08	40996	CALCULUS OF KIDNEY
			40998	CALCULUS OF KIDNEY
		11/13/08	40423	CALCULUS OF KIDNEY
			41335	CALCULUS OF URETER
		11/20/08	26707	CALCULUS OF KIDNEY
	41804		CALCULUS OF URETER	
	RASHID MD MICHAEL A	01/04/08	5808	CALCULUS OF KIDNEY
			32599	CALCULUS OF KIDNEY
			32648	CALCULUS OF KIDNEY
		01/16/08	33059	CALCULUS OF URETER
		01/25/08	1928	CALCULUS OF KIDNEY
			31544	CALCULUS OF KIDNEY
		02/01/08	1928	CALCULUS OF KIDNEY
		03/07/08	34197	CALCULUS OF URETER
			34211	CALCULUS OF KIDNEY
		03/25/08	34983	CALCULUS OF KIDNEY
			34992	CALCULUS OF URETER
04/03/08		23014	CALCULUS OF KIDNEY	
	31544	CALCULUS OF KIDNEY		
	34197	CALCULUS OF URETER		
			35074	CALCULUS OF URETER

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	RASHID MD MICHAEL A...	04/11/08	13432	CALCULUS OF KIDNEY
			34916	CALCULUS OF KIDNEY
			35234	CALCULUS OF URETER
		04/18/08	35323	CALCULUS OF KIDNEY
			35701	CALCULUS OF URETER
		06/04/08	34197	CALCULUS OF URETER
			36857	CALCULUS OF KIDNEY
		06/17/08	25686	CALCULUS OF URETER
		06/27/08	37561	CALCULUS OF KIDNEY
			37617	CALCULUS OF KIDNEY
		07/11/08	1928	CALCULUS OF KIDNEY
			25686	CALCULUS OF KIDNEY
			35826	CALCULUS OF URETER
			37936	CALCULUS OF URETER
		07/23/08	37561	CALCULUS OF KIDNEY
		08/15/08	19528	CALCULUS OF KIDNEY
			39105	CALCULUS OF URETER
		08/22/08	1928	CALCULUS OF KIDNEY
		09/11/08	5667	CALCULUS OF KIDNEY
		09/12/08	39862	CALCULUS OF URETER
		09/26/08	5627	CALCULUS OF KIDNEY
			40087	CALCULUS OF URETER
			40169	CALCULUS OF URETER
			40183	CALCULUS OF URETER
		10/01/08	5667	CALCULUS OF KIDNEY
			11970	CALCULUS OF KIDNEY
			40172	CALCULUS OF URETER
			40186	CALCULUS OF URETER
		10/03/08	40013	CALCULUS OF URETER
		10/22/08	40779	CALCULUS OF URETER
		10/31/08	40799	CALCULUS OF KIDNEY
			41191	CALCULUS OF URETER
		11/14/08	38157	CALCULUS OF URETER
41244	CALCULUS OF KIDNEY			
41469	CALCULUS OF KIDNEY			
41505	CALCULUS OF KIDNEY			
12/19/08	42129	CALCULUS OF URETER		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60190...	RASHID MD MICHAEL A...	12/19/08...	42476	CALCULUS OF URETER
			42477	CALCULUS OF KIDNEY
			42493	CALCULUS OF URETER
			42574	CALCULUS OF URETER
60195	TALLURI MD S	01/16/08	32731	CALCULUS OF KIDNEY
		02/08/08	32018	CALCULUS OF URETER
		02/20/08	33645	CALCULUS OF URETER
		03/12/08	33645	CALCULUS OF KIDNEY
			34587	CALCULUS OF KIDNEY
		04/04/08	33645	CALCULUS OF URETER
			34947	CALCULUS OF KIDNEY
		04/12/08	35245	CALCULUS OF KIDNEY
		04/14/08	35455	CALCULUS OF KIDNEY
		04/28/08	35740	CALCULUS OF URETER
		05/05/08	35797	CALCULUS OF URETER
			35841	CALCULUS OF KIDNEY
			36020	CALCULUS OF KIDNEY
		05/07/08	36088	CALCULUS OF KIDNEY
		05/19/08	36317	CALCULUS OF KIDNEY
			36538	CALCULUS OF KIDNEY
		06/04/08	35841	CALCULUS OF KIDNEY
			36765	CALCULUS OF URETER
		06/10/08	34947	CALCULUS OF KIDNEY
			36317	CALCULUS OF KIDNEY
			37100	CALCULUS OF KIDNEY
		08/01/08	36765	CALCULUS OF URETER
			37840	CALCULUS OF KIDNEY
		08/05/08	38565	CALCULUS OF URETER
		09/19/08	36765	CALCULUS OF KIDNEY
			39827	CALCULUS OF KIDNEY
		10/13/08	39827	CALCULUS OF KIDNEY
		11/19/08	34947	CALCULUS OF URETER
			41458	CALCULUS OF KIDNEY
			41756	CALCULUS OF KIDNEY
		12/08/08	26684	CALCULUS OF KIDNEY
41899	CALCULUS OF URETER			
12/17/08	41458	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60302	LEYLAND II MD JOHN T	01/09/08	32842	CALCULUS OF KIDNEY
		01/14/08	32913	CALCULUS OF KIDNEY
		01/28/08	33283	CALCULUS OF KIDNEY
		02/13/08	29362	CALCULUS OF KIDNEY
		02/25/08	32913	CALCULUS OF KIDNEY
		03/12/08	34640	CALCULUS OF URETER
		03/24/08	32913	CALCULUS OF KIDNEY
		03/31/08	34640	CALCULUS OF URETER
			34729	CALCULUS OF KIDNEY
			34946	CALCULUS OF KIDNEY
		04/14/08	33283	CALCULUS OF KIDNEY
			35040	CALCULUS OF KIDNEY
		06/02/08	5070	CALCULUS OF URETER
		06/16/08	33283	CALCULUS OF KIDNEY
		06/23/08	37445	CALCULUS OF URETER
			37490	CALCULUS OF KIDNEY
		07/01/08	34162	CALCULUS OF URETER
		07/14/08	3779	CALCULUS OF URETER
			38001	CALCULUS OF KIDNEY
		07/28/08	37614	CALCULUS OF URETER
			38477	CALCULUS OF URETER
		08/04/08	10763	CALCULUS OF KIDNEY
			38001	CALCULUS OF KIDNEY
		08/25/08	28404	CALCULUS OF KIDNEY
		09/03/08	39318	CALCULUS OF URETER
		09/08/08	38001	CALCULUS OF KIDNEY
		10/20/08	28404	CALCULUS OF KIDNEY
		11/03/08	41119	CALCULUS OF URETER
		11/12/08	41450	CALCULUS OF URETER
		11/14/08	34640	CALCULUS OF URETER
11/17/08	41119	CALCULUS OF URETER		
60305	TOMERA MD FRED	01/02/08	11050	CALCULUS OF URETER
		01/24/08	33230	CALCULUS OF URETER
		02/04/08	33560	CALCULUS OF URETER
		03/19/08	34791	CALCULUS OF URETER
		05/05/08	36106	CALCULUS OF URETER
		05/16/08	34791	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	TOMERA MD FRED...	06/25/08	2748	CALCULUS OF KIDNEY
		09/03/08	39149	CALCULUS OF URETER
		11/26/08	41978	CALCULUS OF URETER
		12/18/08	1855	CALCULUS OF URETER
	ZIMMERMAN MD ROBERT	01/03/08	32226	CALCULUS OF URETER
		01/07/08	8205	CALCULUS OF KIDNEY
			32071	CALCULUS OF URETER
			32334	CALCULUS OF KIDNEY
			32534	CALCULUS OF KIDNEY
			32741	CALCULUS OF KIDNEY
		01/09/08	32741	CALCULUS OF KIDNEY
		01/14/08	19463	CALCULUS OF KIDNEY
			32071	CALCULUS OF URETER
			32334	CALCULUS OF KIDNEY
			32908	CALCULUS OF KIDNEY
			32909	CALCULUS OF KIDNEY
		01/21/08	32226	CALCULUS OF KIDNEY
			33153	CALCULUS OF URETER
		02/04/08	32908	CALCULUS OF URETER
			33153	CALCULUS OF URETER
			33282	CALCULUS OF KIDNEY
		02/11/08	3513	CALCULUS OF KIDNEY
			33282	CALCULUS OF KIDNEY
			33712	CALCULUS OF KIDNEY
		02/18/08	33835	CALCULUS OF URETER
			33897	CALCULUS OF URETER
		02/25/08	3513	CALCULUS OF KIDNEY
			33712	CALCULUS OF KIDNEY
		03/03/08	24858	CALCULUS OF KIDNEY
			33835	CALCULUS OF URETER
			33993	CALCULUS OF KIDNEY
		03/10/08	3513	CALCULUS OF KIDNEY
34162	CALCULUS OF KIDNEY			
03/17/08	5545	CALCULUS OF KIDNEY		
	32908	CALCULUS OF URETER		
	34722	CALCULUS OF KIDNEY		
03/24/08	20531	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct-Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	03/24/08...	34162	CALCULUS OF KIDNEY
		03/31/08	33712	CALCULUS OF KIDNEY
			34722	CALCULUS OF KIDNEY
			35040	CALCULUS OF KIDNEY
		04/07/08	34162	CALCULUS OF KIDNEY
		04/21/08	34162	CALCULUS OF KIDNEY
			35427	CALCULUS OF KIDNEY
		04/28/08	33835	CALCULUS OF KIDNEY
			35040	CALCULUS OF KIDNEY
		05/05/08	31619	CALCULUS OF KIDNEY
			35853	CALCULUS OF KIDNEY
		05/12/08	36190	CALCULUS OF KIDNEY
			36205	CALCULUS OF KIDNEY
			36206	CALCULUS OF URETER
		05/19/08	31619	CALCULUS OF URETER
			34162	CALCULUS OF URETER
			35853	CALCULUS OF KIDNEY
			36509	CALCULUS OF KIDNEY
		06/09/08	36205	CALCULUS OF KIDNEY
			36421	CALCULUS OF KIDNEY
			36970	CALCULUS OF KIDNEY
		06/18/08	19539	CALCULUS OF KIDNEY
			36979	CALCULUS OF KIDNEY
			37229	CALCULUS OF KIDNEY
		06/25/08	17276	CALCULUS OF KIDNEY
			31619	CALCULUS OF URETER
			36606	CALCULUS OF KIDNEY
			37226	CALCULUS OF KIDNEY
			37237	CALCULUS OF KIDNEY
		07/02/08	37226	CALCULUS OF KIDNEY
			37340	CALCULUS OF URETER
		07/09/08	37614	CALCULUS OF KIDNEY
		07/16/08	37226	CALCULUS OF KIDNEY
			37340	CALCULUS OF URETER
37734	CALCULUS OF KIDNEY			
07/23/08	2567	CALCULUS OF KIDNEY		
	11339	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	07/23/08...	38311	CALCULUS OF KIDNEY
			38320	CALCULUS OF URETER
		07/30/08	2567	CALCULUS OF KIDNEY
			11339	CALCULUS OF URETER
			28404	CALCULUS OF KIDNEY
			38420	CALCULUS OF URETER
			37237	CALCULUS OF KIDNEY
		08/06/08	38320	CALCULUS OF KIDNEY
			28404	CALCULUS OF KIDNEY
		08/13/08	38420	CALCULUS OF KIDNEY
			38762	CALCULUS OF KIDNEY
			38763	CALCULUS OF KIDNEY
			38764	CALCULUS OF KIDNEY
			17276	CALCULUS OF KIDNEY
		08/20/08	38923	CALCULUS OF KIDNEY
			39058	CALCULUS OF URETER
			10763	CALCULUS OF URETER
		08/27/08	37734	CALCULUS OF KIDNEY
			38764	CALCULUS OF KIDNEY
			38923	CALCULUS OF KIDNEY
			39021	CALCULUS OF KIDNEY
			39135	CALCULUS OF KIDNEY
			38762	CALCULUS OF URETER
		09/08/08	9753	CALCULUS OF KIDNEY
			39135	CALCULUS OF KIDNEY
			39784	CALCULUS OF URETER
		09/15/08	40032	CALCULUS OF URETER
			40215	CALCULUS OF KIDNEY
		09/27/08	40139	CALCULUS OF URETER
			40139	CALCULUS OF URETER
		09/29/08	10763	CALCULUS OF KIDNEY
			40334	CALCULUS OF KIDNEY
		10/06/08	39392	CALCULUS OF KIDNEY
40032	CALCULUS OF URETER			
40492	CALCULUS OF KIDNEY			
10/13/08	40139	CALCULUS OF KIDNEY		
	11339	CALCULUS OF KIDNEY		
10/15/08	11339	CALCULUS OF KIDNEY		
	19612	CALCULUS OF KIDNEY		
10/27/08	11339	CALCULUS OF KIDNEY		
	19612	CALCULUS OF KIDNEY		



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60305...	ZIMMERMAN MD ROBERT	10/27/08...	29065	CALCULUS OF KIDNEY
			40722	CALCULUS OF URETER
		11/03/08	37226	CALCULUS OF KIDNEY
			39784	CALCULUS OF URETER
			40334	CALCULUS OF KIDNEY
			41113	CALCULUS OF KIDNEY
			41226	CALCULUS OF URETER
			11/10/08	29065
		39232	CALCULUS OF KIDNEY	
		41165	CALCULUS OF URETER	
		41171	CALCULUS OF KIDNEY	
		41211	CALCULUS OF KIDNEY	
		41226	CALCULUS OF URETER	
		41421	CALCULUS OF KIDNEY	
		11/12/08	40722	CALCULUS OF URETER
		11/14/08	41562	CALCULUS OF URETER
		11/17/08	39784	CALCULUS OF KIDNEY
			41113	CALCULUS OF URETER
			41171	CALCULUS OF KIDNEY
			41211	CALCULUS OF KIDNEY
			41628	CALCULUS OF KIDNEY
		11/24/08	29065	CALCULUS OF URETER
			39232	CALCULUS OF KIDNEY
			41421	CALCULUS OF KIDNEY
			41560	CALCULUS OF KIDNEY
		12/01/08	41562	CALCULUS OF KIDNEY
		12/03/08	40334	CALCULUS OF KIDNEY
			41226	CALCULUS OF KIDNEY
		12/08/08	11339	CALCULUS OF KIDNEY
			41113	CALCULUS OF URETER
			41749	CALCULUS OF KIDNEY
			41767	CALCULUS OF KIDNEY
12/15/08	41749	CALCULUS OF URETER		
12/29/08	41421	CALCULUS OF KIDNEY		
60402	KIRSH MD EDWARD	01/15/08	32626	CALCULUS OF KIDNEY
			32661	CALCULUS OF KIDNEY
			32877	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KIRSH MD EDWARD...	01/29/08	5895	CALCULUS OF KIDNEY
			12316	CALCULUS OF URETER
			31468	CALCULUS OF KIDNEY
			32626	CALCULUS OF KIDNEY
			32661	CALCULUS OF KIDNEY
			33111	CALCULUS OF KIDNEY
			33164	CALCULUS OF KIDNEY
		02/12/08	25791	CALCULUS OF KIDNEY
			33164	CALCULUS OF KIDNEY
			33284	CALCULUS OF KIDNEY
		02/26/08	32123	CALCULUS OF URETER
			33111	CALCULUS OF KIDNEY
			33269	CALCULUS OF URETER
			33728	CALCULUS OF KIDNEY
			33964	CALCULUS OF KIDNEY
		03/11/08	33964	CALCULUS OF KIDNEY
			34121	CALCULUS OF KIDNEY
			34193	CALCULUS OF KIDNEY
			34196	CALCULUS OF URETER
			34425	CALCULUS OF KIDNEY
		03/25/08	14382	CALCULUS OF KIDNEY
			34196	CALCULUS OF KIDNEY
		04/08/08	5143	CALCULUS OF KIDNEY
			32123	CALCULUS OF KIDNEY
			34121	CALCULUS OF KIDNEY
			34782	CALCULUS OF URETER
			35006	CALCULUS OF KIDNEY
			35007	CALCULUS OF KIDNEY
		04/22/08	14382	CALCULUS OF KIDNEY
			29581	CALCULUS OF KIDNEY
			34782	CALCULUS OF URETER
			35322	CALCULUS OF KIDNEY
			35580	CALCULUS OF KIDNEY
		05/06/08	27550	CALCULUS OF KIDNEY
			35322	CALCULUS OF KIDNEY
			35580	CALCULUS OF KIDNEY
			35975	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KIRSH MD EDWARD...	05/20/08	30731	CALCULUS OF KIDNEY
			35322	CALCULUS OF KIDNEY
			35856	CALCULUS OF KIDNEY
			36453	CALCULUS OF KIDNEY
			36533	CALCULUS OF KIDNEY
		06/03/08	18139	CALCULUS OF KIDNEY
			18140	CALCULUS OF KIDNEY
			32062	CALCULUS OF KIDNEY
			35856	CALCULUS OF KIDNEY
			36797	HYPERPLASIA OF PROS
			36798	CALCULUS OF KIDNEY
		06/17/08	36482	CALCULUS OF KIDNEY
			36910	CALCULUS OF KIDNEY
			37181	CALCULUS OF URETER
			37182	CALCULUS OF URETER
		07/01/08	20077	CALCULUS OF KIDNEY
			37613	CALCULUS OF KIDNEY
			37677	CALCULUS OF KIDNEY
			37701	CALCULUS OF URETER
		07/15/08	37701	CALCULUS OF URETER
			37997	CALCULUS OF KIDNEY
			38048	CALCULUS OF KIDNEY
		07/29/08	36482	CALCULUS OF KIDNEY
			37085	CALCULUS OF KIDNEY
			37978	HYPERPLASIA OF PROS
			38048	CALCULUS OF KIDNEY
			38131	CALCULUS OF KIDNEY
			38236	CALCULUS OF KIDNEY
			38253	CALCULUS OF URETER
			38444	CALCULUS OF KIDNEY
		07/31/08	38575	CALCULUS OF URETER
		08/12/08	32661	CALCULUS OF KIDNEY
			38891	CALCULUS OF KIDNEY
		08/26/08	38131	CALCULUS OF KIDNEY
			38236	CALCULUS OF KIDNEY
			38253	CALCULUS OF KIDNEY
			38444	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KIRSH MD EDWARD...	08/26/08...	38857	CALCULUS OF KIDNEY
			38891	CALCULUS OF KIDNEY
		09/09/08	39154	CALCULUS OF KIDNEY
			39321	HYPERPLASIA OF PROS
			39474	CALCULUS OF KIDNEY
			39684	CALCULUS OF URETER
			1798	CALCULUS OF KIDNEY
		09/23/08	2568	CALCULUS OF KIDNEY
			38236	CALCULUS OF KIDNEY
			38857	CALCULUS OF KIDNEY
			39154	CALCULUS OF KIDNEY
			39760	HYPERPLASIA OF PROS
			9650	CALCULUS OF KIDNEY
		10/07/08	14576	CALCULUS OF KIDNEY
			17141	CALCULUS OF KIDNEY
			31604	CALCULUS OF KIDNEY
			38236	CALCULUS OF KIDNEY
			14576	CALCULUS OF KIDNEY
		10/21/08	40558	CALCULUS OF KIDNEY
			40817	CALCULUS OF KIDNEY
			2568	CALCULUS OF KIDNEY
		11/04/08	14576	CALCULUS OF KIDNEY
			41260	CALCULUS OF KIDNEY
			14576	CALCULUS OF KIDNEY
		11/18/08	39534	CALCULUS OF KIDNEY
			40453	CALCULUS OF KIDNEY
			40817	CALCULUS OF KIDNEY
			41363	HYPERPLASIA OF PROS
			41599	CALCULUS OF KIDNEY
			41599	CALCULUS OF KIDNEY
		12/02/08	41599	CALCULUS OF KIDNEY
		12/16/08	40817	CALCULUS OF KIDNEY
			41737	HYPERPLASIA OF PROS
42074	CALCULUS OF KIDNEY			
42261	CALCULUS OF KIDNEY			
42311	CALCULUS OF KIDNEY			
12/30/08	33728	CALCULUS OF KIDNEY		
	42074	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KIRSH MD EDWARD...	12/30/08...	42311	CALCULUS OF KIDNEY
			42692	CALCULUS OF KIDNEY
			42721	CALCULUS OF KIDNEY
			42752	CALCULUS OF URETER
			42795	CALCULUS OF URETER
	KUCERA MD JOSEPH	01/02/08	32057	CALCULUS OF KIDNEY
		01/08/08	32813	CALCULUS OF KIDNEY
		01/09/08	32606	CALCULUS OF KIDNEY
			32685	CALCULUS OF URETER
		01/17/08	32606	CALCULUS OF KIDNEY
			32868	CALCULUS OF URETER
			33023	CALCULUS OF KIDNEY
			33080	CALCULUS OF KIDNEY
		02/01/08	33210	CALCULUS OF KIDNEY
		02/15/08	14814	CALCULUS OF KIDNEY
			33616	CALCULUS OF URETER
			33646	CALCULUS OF URETER
			33795	CALCULUS OF KIDNEY
		02/20/08	32868	CALCULUS OF KIDNEY
		02/21/08	12513	CALCULUS OF KIDNEY
			33994	CALCULUS OF URETER
		02/22/08	14814	CALCULUS OF KIDNEY
		02/29/08	33994	CALCULUS OF KIDNEY
			34159	CALCULUS OF URETER
		03/05/08	7718	CALCULUS OF KIDNEY
			34184	CALCULUS OF KIDNEY
			34233	CALCULUS OF URETER
		03/19/08	34159	CALCULUS OF KIDNEY
			34636	CALCULUS OF URETER
		03/28/08	34913	CALCULUS OF KIDNEY
		04/03/08	2568	CALCULUS OF KIDNEY
	04/09/08	35203	CALCULUS OF KIDNEY	
		35204	CALCULUS OF KIDNEY	
04/15/08	7718	CALCULUS OF KIDNEY		
	12513	CALCULUS OF KIDNEY		
	27075	CALCULUS OF KIDNEY		
	35391	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KUCERA MD JOSEPH...	04/23/08	34098	CALCULUS OF KIDNEY
			34159	CALCULUS OF KIDNEY
			35739	CALCULUS OF URETER
		04/30/08	35904	CALCULUS OF KIDNEY
		05/09/08	2568	CALCULUS OF KIDNEY
			35952	CALCULUS OF URETER
		05/14/08	13137	CALCULUS OF KIDNEY
			35391	CALCULUS OF KIDNEY
			35739	CALCULUS OF KIDNEY
		05/15/08	36441	CALCULUS OF URETER
		05/28/08	10072	CALCULUS OF KIDNEY
			35203	CALCULUS OF KIDNEY
			36734	CALCULUS OF URETER
		06/04/08	36846	CALCULUS OF KIDNEY
		06/05/08	35848	CALCULUS OF KIDNEY
			36623	CALCULUS OF URETER
		06/06/08	5458	CALCULUS OF KIDNEY
		06/11/08	37117	CALCULUS OF URETER
		06/24/08	37282	CALCULUS OF KIDNEY
		06/27/08	2568	CALCULUS OF KIDNEY
			37471	CALCULUS OF KIDNEY
			37518	CALCULUS OF URETER
			37549	CALCULUS OF KIDNEY
		07/08/08	37794	CALCULUS OF URETER
		07/09/08	7517	CALCULUS OF URETER
			35848	CALCULUS OF KIDNEY
		07/11/08	35203	CALCULUS OF URETER
			37888	CALCULUS OF KIDNEY
		08/07/08	38642	CALCULUS OF KIDNEY
			38715	CALCULUS OF URETER
		08/14/08	10863	CALCULUS OF URETER
			38963	CALCULUS OF KIDNEY
		08/15/08	37471	CALCULUS OF KIDNEY
			37518	CALCULUS OF KIDNEY
			38714	CALCULUS OF URETER
			38914	CALCULUS OF URETER
		08/19/08	33994	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	KUCERA MD JOSEPH...	08/19/08...	39054	CALCULUS OF URETER
		08/29/08	39198	CALCULUS OF URETER
			39245	CALCULUS OF KIDNEY
			39320	CALCULUS OF KIDNEY
		09/02/08	38642	CALCULUS OF KIDNEY
			39381	CALCULUS OF KIDNEY
		09/10/08	39725	CALCULUS OF URETER
		09/11/08	10863	CALCULUS OF URETER
			38914	CALCULUS OF URETER
			39617	CALCULUS OF URETER
		09/12/08	39771	CALCULUS OF URETER
		09/16/08	39816	CALCULUS OF KIDNEY
		09/25/08	38963	CALCULUS OF KIDNEY
			39320	CALCULUS OF KIDNEY
			39897	CALCULUS OF URETER
		09/30/08	40090	CALCULUS OF URETER
			40206	CALCULUS OF URETER
		10/01/08	39617	CALCULUS OF URETER
		10/08/08	40211	CALCULUS OF KIDNEY
		10/14/08	39897	CALCULUS OF URETER
			40649	CALCULUS OF URETER
		11/05/08	39816	CALCULUS OF KIDNEY
			41120	CALCULUS OF KIDNEY
			41324	CALCULUS OF KIDNEY
		11/12/08	40211	CALCULUS OF KIDNEY
			41228	CALCULUS OF KIDNEY
			41324	CALCULUS OF KIDNEY
		11/26/08	41120	CALCULUS OF KIDNEY
			41793	CALCULUS OF URETER
		12/02/08	42110	CALCULUS OF KIDNEY
		12/03/08	41669	CALCULUS OF KIDNEY
		12/15/08	42235	CALCULUS OF KIDNEY
		12/17/08	41975	CALCULUS OF URETER
	12/19/08	37794	CALCULUS OF KIDNEY	
12/23/08	42320	CALCULUS OF URETER		
12/29/08	42110	CALCULUS OF URETER		
	MISUREC MD PETER	01/07/08	32795	CALCULUS OF URETER

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	MISUREC MD PETER...	01/08/08	28778	CALCULUS OF KIDNEY
		01/12/08	9027	CALCULUS OF KIDNEY
			30986	CALCULUS OF KIDNEY
			31780	CALCULUS OF URETER
			32983	CALCULUS OF URETER
		01/16/08	13910	CALCULUS OF KIDNEY
		01/22/08	15126	CALCULUS OF KIDNEY
			30406	CALCULUS OF KIDNEY
		02/02/08	29238	CALCULUS OF URETER
		02/09/08	29238	CALCULUS OF KIDNEY
			33655	CALCULUS OF URETER
		02/18/08	33924	CALCULUS OF URETER
		02/20/08	26299	CALCULUS OF KIDNEY
		03/01/08	34076	CALCULUS OF KIDNEY
			34163	CALCULUS OF KIDNEY
		03/04/08	34328	CALCULUS OF KIDNEY
		03/05/08	34398	CALCULUS OF URETER
		03/07/08	9128	CALCULUS OF URETER
		03/21/08	34328	CALCULUS OF URETER
			34398	CALCULUS OF URETER
		04/03/08	35262	CALCULUS OF URETER
		04/04/08	35220	CALCULUS OF KIDNEY
		04/12/08	34163	CALCULUS OF KIDNEY
		04/23/08	35220	CALCULUS OF KIDNEY
			35262	CALCULUS OF KIDNEY
			35765	CALCULUS OF URETER
		05/03/08	32127	CALCULUS OF KIDNEY
		05/16/08	36358	CALCULUS OF KIDNEY
			36460	CALCULUS OF URETER
		05/29/08	36843	CALCULUS OF URETER
		06/11/08	37086	CALCULUS OF URETER
		06/13/08	37184	CALCULUS OF URETER
		06/25/08	37302	CALCULUS OF KIDNEY
		07/08/08	37828	CALCULUS OF URETER
		07/23/08	37828	CALCULUS OF KIDNEY
			38222	CALCULUS OF KIDNEY
			38262	CALCULUS OF KIDNEY



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	MISUREC MD PETER...	07/25/08	38453	CALCULUS OF URETER
		07/29/08	38493	CALCULUS OF URETER
		07/30/08	21284	CALCULUS OF KIDNEY
			29551	CALCULUS OF KIDNEY
			38558	CALCULUS OF URETER
		08/06/08	38760	CALCULUS OF URETER
		08/15/08	38941	CALCULUS OF KIDNEY
			38988	CALCULUS OF URETER
			38989	CALCULUS OF KIDNEY
		08/16/08	39018	CALCULUS OF URETER
		08/27/08	39313	CALCULUS OF URETER
		09/02/08	13385	CALCULUS OF URETER
		09/05/08	38989	CALCULUS OF KIDNEY
			39018	CALCULUS OF URETER
			39520	CALCULUS OF KIDNEY
		09/16/08	13385	CALCULUS OF URETER
			25221	CALCULUS OF KIDNEY
			28167	CALCULUS OF URETER
			38988	CALCULUS OF URETER
		09/24/08	40051	CALCULUS OF URETER
		09/26/08	3644	CALCULUS OF URETER
			13385	CALCULUS OF URETER
			38989	CALCULUS OF KIDNEY
			39520	CALCULUS OF KIDNEY
			39842	CALCULUS OF KIDNEY
			39858	CALCULUS OF URETER
		09/30/08	25221	CALCULUS OF KIDNEY
			40071	CALCULUS OF KIDNEY
		10/14/08	40501	CALCULUS OF KIDNEY
		10/15/08	13385	CALCULUS OF URETER
			39018	CALCULUS OF KIDNEY
			40203	CALCULUS OF KIDNEY
			40733	CALCULUS OF URETER
		10/17/08	25221	CALCULUS OF KIDNEY
			38989	CALCULUS OF KIDNEY
		10/28/08	13385	CALCULUS OF URETER
		11/07/08	25221	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60402...	MISUREC MD PETER...	11/11/08	31570	CALCULUS OF KIDNEY
			41359	CALCULUS OF KIDNEY
		11/22/08	25221	CALCULUS OF KIDNEY
			38989	CALCULUS OF KIDNEY
		11/25/08	41720	CALCULUS OF KIDNEY
		12/03/08	41720	CALCULUS OF KIDNEY
		12/20/08	42032	CALCULUS OF KIDNEY
60411	KAYHAN MD SHAHROKH	05/28/08	36662	CALCULUS OF KIDNEY
60415	DEFRANCO MD JOHN	01/11/08	31800	CALCULUS OF KIDNEY
		01/21/08	33173	CALCULUS OF KIDNEY
		02/08/08	33489	CALCULUS OF URETER
		02/15/08	33665	CALCULUS OF KIDNEY
			02/22/08	12256
		33489		CALCULUS OF URETER
		02/29/08	34046	CALCULUS OF URETER
		03/20/08	34757	CALCULUS OF KIDNEY
		04/18/08	35590	CALCULUS OF KIDNEY
		05/21/08	36557	CALCULUS OF KIDNEY
		05/29/08	13927	CALCULUS OF KIDNEY
		06/02/08	36557	CALCULUS OF KIDNEY
		07/11/08	37849	CALCULUS OF URETER
		07/25/08	37849	CALCULUS OF URETER
			38223	CALCULUS OF KIDNEY
			38337	CALCULUS OF KIDNEY
		09/02/08	39340	CALCULUS OF URETER
		09/12/08	38726	CALCULUS OF KIDNEY
		09/17/08	2109	CALCULUS OF KIDNEY
		09/24/08	40020	CALCULUS OF KIDNEY
			40021	CALCULUS OF KIDNEY
		10/03/08	38726	CALCULUS OF KIDNEY
		10/24/08	40021	CALCULUS OF KIDNEY
		11/14/08	41416	CALCULUS OF KIDNEY
			41430	CALCULUS OF KIDNEY
			41461	CALCULUS OF URETER
			41552	CALCULUS OF KIDNEY
11/19/08	41646	CALCULUS OF KIDNEY		
	41647	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60415...	DEFRANCO MD JOHN...	12/19/08	42446	CALCULUS OF KIDNEY
	HOYME MD KERMIT	03/14/08	33647	CALCULUS OF KIDNEY
		04/04/08	35069	CALCULUS OF KIDNEY
		06/06/08	36459	CALCULUS OF KIDNEY
		06/13/08	36958	CALCULUS OF URETER
		07/02/08	37696	CALCULUS OF KIDNEY
		09/19/08	13920	CALCULUS OF KIDNEY
		11/07/08	41296	CALCULUS OF URETER
		11/21/08	41730	CALCULUS OF URETER
		12/12/08	41653	CALCULUS OF KIDNEY
			41799	CALCULUS OF KIDNEY
		12/26/08	42569	CALCULUS OF KIDNEY
			42696	CALCULUS OF KIDNEY
	KIM MD JAE	02/09/08	33688	CALCULUS OF KIDNEY
		03/01/08	34022	CALCULUS OF URETER
		03/08/08	33688	CALCULUS OF KIDNEY
		03/15/08	1471	CALCULUS OF KIDNEY
		04/12/08	35445	CALCULUS OF KIDNEY
		04/26/08	35669	CALCULUS OF KIDNEY
		05/03/08	34022	CALCULUS OF URETER
		05/15/08	36037	CALCULUS OF KIDNEY
			36468	CALCULUS OF URETER
		05/17/08	35655	CALCULUS OF URETER
		05/24/08	36443	CALCULUS OF KIDNEY
		05/27/08	36729	CALCULUS OF KIDNEY
		05/31/08	36032	CALCULUS OF KIDNEY
		06/03/08	36827	CALCULUS OF KIDNEY
		06/21/08	36714	CALCULUS OF KIDNEY
		06/25/08	36037	CALCULUS OF KIDNEY
		07/19/08	38120	CALCULUS OF KIDNEY
		08/02/08	34022	CALCULUS OF KIDNEY
	08/06/08	38625	CALCULUS OF URETER	
	09/03/08	22738	CALCULUS OF KIDNEY	
09/08/08	38911	CALCULUS OF KIDNEY		
09/15/08	39707	CALCULUS OF KIDNEY		
09/27/08	40052	CALCULUS OF KIDNEY		
10/03/08	40114	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60415...	KIM MD JAE...	10/08/08	39707	CALCULUS OF KIDNEY
		10/11/08	27034	CALCULUS OF URETER
		10/24/08	39483	CALCULUS OF KIDNEY
			40372	CALCULUS OF KIDNEY
		10/29/08	40252	CALCULUS OF KIDNEY
			40403	CALCULUS OF KIDNEY
		11/05/08	41366	CALCULUS OF URETER
		11/25/08	40372	CALCULUS OF KIDNEY
			41413	CALCULUS OF KIDNEY
		12/03/08	41960	CALCULUS OF KIDNEY
	12/08/08	42079	CALCULUS OF KIDNEY	
	NOLD MD STEPHEN	03/22/08	34046	CALCULUS OF KIDNEY
		05/27/08	36478	CALCULUS OF KIDNEY
		07/14/08	37894	CALCULUS OF KIDNEY
		09/30/08	40243	CALCULUS OF KIDNEY
		12/19/08	42453	CALCULUS OF KIDNEY
	USER MD HERBERT	01/16/08	32429	CALCULUS OF KIDNEY
		02/06/08	33235	CALCULUS OF KIDNEY
			33236	CALCULUS OF KIDNEY
			33246	CALCULUS OF URETER
		02/20/08	33760	CALCULUS OF KIDNEY
			33792	CALCULUS OF URETER
		03/04/08	6253	CALCULUS OF URETER
		03/19/08	34153	CALCULUS OF KIDNEY
		10/15/08	40218	CALCULUS OF KIDNEY
		12/26/08	40218	CALCULUS OF KIDNEY
			42645	CALCULUS OF KIDNEY
42679			CALCULUS OF KIDNEY	
60435	JONES MD GEORGE	05/23/08	36544	CALCULUS OF URETER
		06/19/08	37363	CALCULUS OF URETER
		08/08/08	35131	CALCULUS OF KIDNEY
60440	DHINDSA MD AVTAR S	09/10/08	39553	CALCULUS OF KIDNEY
		10/16/08	40620	CALCULUS OF KIDNEY
		11/14/08	40620	CALCULUS OF URETER
		12/05/08	14135	CALCULUS OF KIDNEY
		12/22/08	25077	CALCULUS OF KIDNEY
		12/24/08	42530	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60462	MANCINI DO ANTONIO	08/27/08	39306	CALCULUS OF KIDNEY
	TURK DO CHARLES O	02/08/08	33620	CALCULUS OF KIDNEY
60463	STEINBERG MD JAY	01/11/08	26056	CALCULUS OF KIDNEY
		01/18/08	33174	CALCULUS OF URETER
		02/25/08	1508	CALCULUS OF KIDNEY
		04/03/08	1508	CALCULUS OF KIDNEY
		04/24/08	35794	CALCULUS OF URETER
		08/12/08	37244	CALCULUS OF KIDNEY
		08/21/08	38964	CALCULUS OF KIDNEY
			38966	CALCULUS OF KIDNEY
		12/05/08	40190	CALCULUS OF KIDNEY
		60506	SMITH MD CORNELIUS	01/17/08
02/04/08	33285			CALCULUS OF KIDNEY
	33532			CALCULUS OF KIDNEY
	33547			CALCULUS OF KIDNEY
04/10/08	35180			CALCULUS OF KIDNEY
04/14/08	35405			CALCULUS OF KIDNEY
05/01/08	32995			CALCULUS OF URETER
05/27/08	36549			CALCULUS OF URETER
	36550			CALCULUS OF KIDNEY
	36618			CALCULUS OF KIDNEY
06/30/08	37664			CALCULUS OF KIDNEY
08/18/08	19066			CALCULUS OF KIDNEY
09/05/08	39461			CALCULUS OF KIDNEY
	09/08/08			2230
10692				CALCULUS OF KIDNEY
09/25/08	39694			CALCULUS OF KIDNEY
	10/31/08			41053
41101				CALCULUS OF KIDNEY
12/18/08	40651			CALCULUS OF KIDNEY
	41854			CALCULUS OF URETER
	41855			CALCULUS OF URETER
	42443			CALCULUS OF KIDNEY
SOBEL MD DAVID L	02/01/08			20994
	05/09/08	36001	CALCULUS OF URETER	
	08/05/08	38540	CALCULUS OF KIDNEY	
	08/13/08	38961	CALCULUS OF URETER	

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60506...	SOBEL MD DAVID L...	08/15/08	20994	CALCULUS OF KIDNEY
		10/10/08	5348	CALCULUS OF URETER
			39984	CALCULUS OF KIDNEY
		10/22/08	10895	CALCULUS OF KIDNEY
		11/17/08	41671	CALCULUS OF KIDNEY
60515	KOLBUSZ MD WILLIAM	01/11/08	31970	CALCULUS OF KIDNEY
		01/17/08	32862	CALCULUS OF KIDNEY
		06/17/08	37192	CALCULUS OF KIDNEY
	SOSENKO MD GEORGE	01/31/08	33109	CALCULUS OF KIDNEY
		02/01/08	33539	CALCULUS OF URETER
		02/08/08	33222	CALCULUS OF URETER
		02/19/08	33953	CALCULUS OF KIDNEY
		02/22/08	28727	CALCULUS OF KIDNEY
			33222	CALCULUS OF URETER
			33953	CALCULUS OF URETER
		03/08/08	34454	CALCULUS OF KIDNEY
			34506	CALCULUS OF KIDNEY
		03/22/08	34506	CALCULUS OF KIDNEY
		03/29/08	34454	CALCULUS OF KIDNEY
		04/12/08	34506	CALCULUS OF KIDNEY
		05/03/08	35845	CALCULUS OF KIDNEY
		05/12/08	36370	CALCULUS OF KIDNEY
		05/17/08	36073	CALCULUS OF URETER
			36517	CALCULUS OF URETER
		05/23/08	36689	CALCULUS OF KIDNEY
		05/31/08	36073	CALCULUS OF URETER
			36517	CALCULUS OF KIDNEY
		06/11/08	37080	CALCULUS OF URETER
		07/05/08	28727	CALCULUS OF KIDNEY
			37585	CALCULUS OF URETER
		07/19/08	8213	CALCULUS OF KIDNEY
		08/08/08	38670	CALCULUS OF KIDNEY
		08/25/08	38670	CALCULUS OF KIDNEY
		08/26/08	39262	CALCULUS OF KIDNEY
		10/11/08	39863	CALCULUS OF KIDNEY
40313	CALCULUS OF URETER			
10/25/08	40313	CALCULUS OF URETER		
11/07/08	41448	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60515...	SOSENKO MD GEORGE...	11/14/08	41586	CALCULUS OF URETER
		12/06/08	41212	CALCULUS OF KIDNEY
	WEST MD PAUL	01/02/08	32597	CALCULUS OF URETER
		01/11/08	32646	CALCULUS OF URETER
		02/19/08	33843	CALCULUS OF KIDNEY
		03/10/08	34376	CALCULUS OF URETER
		07/19/08	38160	CALCULUS OF URETER
		07/30/08	38500	CALCULUS OF URETER
		10/15/08	39750	CALCULUS OF KIDNEY
		10/29/08	41036	CALCULUS OF URETER
		11/05/08	38500	CALCULUS OF URETER
		12/22/08	42248	CALCULUS OF KIDNEY
		60521	CORNFIELD MD JOEL	01/14/08
01/17/08	32805			CALCULUS OF KIDNEY
01/24/08	27325			CALCULUS OF KIDNEY
	32630			CALCULUS OF KIDNEY
01/31/08	5020			CALCULUS OF KIDNEY
	33468			CALCULUS OF KIDNEY
02/07/08	33522			CALCULUS OF KIDNEY
02/14/08	5020			CALCULUS OF KIDNEY
	33468			CALCULUS OF KIDNEY
02/21/08	33955			CALCULUS OF KIDNEY
02/25/08	5020			CALCULUS OF KIDNEY
02/28/08	34221			CALCULUS OF KIDNEY
05/29/08	15987			CALCULUS OF KIDNEY
06/05/08	15987			CALCULUS OF KIDNEY
06/12/08	37109			CALCULUS OF KIDNEY
	15987			CALCULUS OF KIDNEY
06/19/08	37094			CALCULUS OF KIDNEY
	6940			CALCULUS OF KIDNEY
06/26/08	36997			CALCULUS OF KIDNEY
	37109			CALCULUS OF KIDNEY
06/30/08	37109			CALCULUS OF KIDNEY
07/03/08	7627			CALCULUS OF KIDNEY
	36997			CALCULUS OF KIDNEY
07/10/08	6940	CALCULUS OF KIDNEY		
	37727	UNSPECIFIED DISORDEI		
07/17/08	6810	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60521...	CORNFIELD MD JOEL...	07/17/08...	6940	CALCULUS OF KIDNEY
			36997	CALCULUS OF KIDNEY
		07/21/08	37109	CALCULUS OF KIDNEY
			38144	CALCULUS OF URETER
			38188	URETERAL OBSTRUCTIO
		07/24/08	38124	CALCULUS OF URETER
			38421	UNSPECIFIED DISORDEI
		08/11/08	38441	CALCULUS OF KIDNEY
		08/14/08	38124	CALCULUS OF KIDNEY
		08/18/08	38441	CALCULUS OF KIDNEY
		08/25/08	38392	CALCULUS OF KIDNEY
		09/19/08	39262	CALCULUS OF KIDNEY
		09/29/08	39751	CALCULUS OF URETER
		10/02/08	39844	CALCULUS OF KIDNEY
		10/10/08	39844	CALCULUS OF KIDNEY
		10/13/08	40559	CALCULUS OF KIDNEY
		10/27/08	39751	CALCULUS OF KIDNEY
		10/30/08	39345	CALCULUS OF KIDNEY
	11/03/08	40571	CALCULUS OF KIDNEY	
	12/15/08	38188	HYDRONEPHROSIS	
	HWANG MD JAY	02/07/08	33387	CALCULUS OF KIDNEY
		02/20/08	33605	CALCULUS OF KIDNEY
		02/28/08	34133	CALCULUS OF KIDNEY
		02/29/08	33241	CALCULUS OF KIDNEY
		03/05/08	33241	CALCULUS OF KIDNEY
		03/12/08	34446	CALCULUS OF KIDNEY
		03/14/08	34133	CALCULUS OF KIDNEY
		03/20/08	31925	CALCULUS OF KIDNEY
		03/26/08	34908	CALCULUS OF URETER
		03/27/08	34914	CALCULUS OF KIDNEY
03/28/08		35019	URETHRAL STRICTURE	
04/03/08		34408	CALCULUS OF KIDNEY	
04/24/08	35012	CALCULUS OF KIDNEY		
05/01/08	35927	CALCULUS OF URETER		
	35949	CALCULUS OF KIDNEY		
05/15/08	35248	CALCULUS OF KIDNEY		
05/22/08	33120	CALCULUS OF KIDNEY		



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60521...	HWANG MD JAY...	05/29/08	36036	CALCULUS OF KIDNEY
		06/06/08	36821	CALCULUS OF KIDNEY
		06/12/08	24447	CALCULUS OF URETER
		06/25/08	24447	CALCULUS OF KIDNEY
		07/03/08	37571	CALCULUS OF KIDNEY
		07/16/08	37889	CALCULUS OF KIDNEY
		07/17/08	37529	CALCULUS OF KIDNEY
		08/08/08	38883	CALCULUS OF KIDNEY
		08/14/08	38985	CALCULUS OF KIDNEY
		08/21/08	38293	CALCULUS OF KIDNEY
		08/27/08	37889	CALCULUS OF KIDNEY
		08/29/08	39284	CALCULUS OF KIDNEY
		09/03/08	39376	CALCULUS OF KIDNEY
		09/11/08	39745	CALCULUS OF URETER
		10/02/08	39946	CALCULUS OF KIDNEY
		10/22/08	37581	CALCULUS OF KIDNEY
		11/19/08	41634	CALCULUS OF KIDNEY
			41755	CALCULUS OF KIDNEY
		12/10/08	11647	CALCULUS OF KIDNEY
		12/11/08	41648	CALCULUS OF KIDNEY
	KRENGEL MD SAMUEL	01/16/08	32991	CALCULUS OF KIDNEY
		03/12/08	34362	CALCULUS OF KIDNEY
			34375	CALCULUS OF KIDNEY
		04/23/08	35749	CALCULUS OF KIDNEY
		04/24/08	34904	CALCULUS OF KIDNEY
		05/14/08	35749	CALCULUS OF KIDNEY
		06/18/08	6686	CALCULUS OF KIDNEY
		06/24/08	37522	CALCULUS OF KIDNEY
		06/25/08	37211	CALCULUS OF URETER
		07/25/08	37522	CALCULUS OF KIDNEY
		07/28/08	38145	CALCULUS OF KIDNEY
		08/06/08	38675	CALCULUS OF KIDNEY
09/10/08	39495	CALCULUS OF KIDNEY		
10/01/08	37081	CALCULUS OF KIDNEY		
	10/02/08	31097	CALCULUS OF KIDNEY	
		39697	CALCULUS OF KIDNEY	
10/08/08	39639	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60521...	KRENGEL MD SAMUEL...	10/13/08	40486	CALCULUS OF KIDNEY
		11/13/08	41504	CALCULUS OF KIDNEY
		11/24/08	41807	CALCULUS OF KIDNEY
		12/03/08	41425	CALCULUS OF KIDNEY
		12/05/08	42121	CALCULUS OF URETER
			42163	CALCULUS OF URETER
	KRITSAS MD JOHN	01/16/08	32121	CALCULUS OF KIDNEY
		04/24/08	2252	CALCULUS OF KIDNEY
		05/15/08	35748	CALCULUS OF KIDNEY
		05/27/08	32140	CALCULUS OF KIDNEY
			36721	CALCULUS OF KIDNEY
		05/28/08	13305	CALCULUS OF KIDNEY
			36535	CALCULUS OF KIDNEY
		06/19/08	37204	CALCULUS OF KIDNEY
		06/20/08	35748	CALCULUS OF KIDNEY
			37402	CALCULUS OF KIDNEY
		06/24/08	37299	CALCULUS OF KIDNEY
		08/20/08	38171	CALCULUS OF KIDNEY
			38899	CALCULUS OF KIDNEY
		09/09/08	39570	CALCULUS OF KIDNEY
		09/12/08	39722	CALCULUS OF KIDNEY
		09/23/08	39829	CALCULUS OF KIDNEY
		10/07/08	39456	CALCULUS OF KIDNEY
		10/14/08	40408	CALCULUS OF KIDNEY
		10/15/08	16517	CALCULUS OF KIDNEY
		10/21/08	40616	CALCULUS OF KIDNEY
	11/04/08	40703	CALCULUS OF KIDNEY	
41223		CALCULUS OF KIDNEY		
12/04/08	40616	CALCULUS OF KIDNEY		
	41640	CALCULUS OF KIDNEY		
12/09/08	41223	CALCULUS OF KIDNEY		
	42083	CALCULUS OF KIDNEY		
12/17/08	42080	CALCULUS OF KIDNEY		
12/23/08	42577	CALCULUS OF KIDNEY		
60523	AGHA MD ARIF	01/11/08	5048	CALCULUS OF KIDNEY
			7200	CALCULUS OF KIDNEY
			31326	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60523...	AGHA MD ARIF...	01/11/08...	32771	CALCULUS OF KIDNEY
		01/25/08	32966	CALCULUS OF URETER
			33151	CALCULUS OF URETER
		02/07/08	33644	CALCULUS OF KIDNEY
		02/27/08	33644	CALCULUS OF KIDNEY
		03/20/08	32771	CALCULUS OF KIDNEY
			34866	CALCULUS OF URETER
		04/23/08	34739	CALCULUS OF KIDNEY
		05/15/08	5048	CALCULUS OF KIDNEY
			36437	CALCULUS OF URETER
		07/03/08	36437	CALCULUS OF KIDNEY
		07/08/08	37838	CALCULUS OF KIDNEY
		08/29/08	21492	CALCULUS OF KIDNEY
		10/16/08	39834	CALCULUS OF KIDNEY
		10/23/08	40828	HEMATURIA HEMATURIA(10-1-08 TO
60525	MILANI DO MICHAEL	01/04/08	31735	CALCULUS OF KIDNEY
		01/14/08	31366	CALCULUS OF KIDNEY
		01/23/08	33089	CALCULUS OF URETER
		01/30/08	33213	CALCULUS OF KIDNEY
		03/26/08	2256	CALCULUS OF KIDNEY
		05/21/08	36528	CALCULUS OF URETER
			36559	CALCULUS OF KIDNEY
		07/02/08	37609	CALCULUS OF URETER
		07/14/08	37562	CALCULUS OF KIDNEY
		10/15/08	40259	CALCULUS OF URETER
		11/05/08	40880	CALCULUS OF KIDNEY
		11/26/08	41927	CALCULUS OF KIDNEY
		12/03/08	41696	CALCULUS OF URETER
	42066		CALCULUS OF KIDNEY	
	MORAN MD GEORGE G	03/18/08	34521	CALCULUS OF KIDNEY
		04/08/08	35292	CALCULUS OF URETER
		04/09/08	35125	CALCULUS OF KIDNEY
		04/15/08	35316	CALCULUS OF KIDNEY
35355			CALCULUS OF KIDNEY	
05/16/08		36455	CALCULUS OF KIDNEY	
06/24/08	37174	CALCULUS OF URETER		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60525...	MORAN MD GEORGE G...	06/24/08...	37364	CALCULUS OF URETER
		07/01/08	37638	CALCULUS OF KIDNEY
		07/11/08	38009	CALCULUS OF KIDNEY
		07/15/08	37953	CALCULUS OF KIDNEY
			37954	CALCULUS OF KIDNEY
		07/22/08	38147	CALCULUS OF KIDNEY
			38307	CALCULUS OF URETER
		07/30/08	38485	CALCULUS OF URETER
		08/05/08	38315	CALCULUS OF KIDNEY
		08/19/08	38832	CALCULUS OF KIDNEY
		09/16/08	39854	CALCULUS OF KIDNEY
		10/06/08	40312	CALCULUS OF URETER
		12/31/08	31786	CALCULUS OF URETER
		MORAN MD MICHAEL	01/10/08	32833
	01/17/08		33112	CALCULUS OF KIDNEY
	01/24/08		33197	CALCULUS OF URETER
	01/31/08		33296	CALCULUS OF KIDNEY
	02/01/08		33523	CALCULUS OF URETER
	02/14/08		33197	CALCULUS OF KIDNEY
			33610	CALCULUS OF KIDNEY
			33844	CALCULUS OF KIDNEY
	03/21/08		34823	CALCULUS OF KIDNEY
	06/11/08		37081	CALCULUS OF URETER
	06/12/08		10677	CALCULUS OF URETER
	07/10/08		37851	CALCULUS OF URETER
	08/06/08		38711	CALCULUS OF URETER
	08/07/08		38752	CALCULUS OF KIDNEY
	08/08/08		38716	CALCULUS OF URETER
	08/14/08		38872	CALCULUS OF URETER
	08/21/08		38752	CALCULUS OF URETER
			39146	CALCULUS OF URETER
	09/27/08		40159	CALCULUS OF KIDNEY
	11/06/08		41386	CALCULUS OF KIDNEY
11/08/08	41387	CALCULUS OF URETER		
12/04/08	41386	CALCULUS OF KIDNEY		
12/19/08	24138	CALCULUS OF KIDNEY		
12/23/08	10570	CALCULUS OF KIDNEY		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540	BOCKRATH MD JOHN	01/10/08	8646	CALCULUS OF KIDNEY
		04/03/08	34638	CALCULUS OF KIDNEY
		04/08/08	35291	CALCULUS OF URETER
		04/29/08	35211	CALCULUS OF KIDNEY
		04/30/08	35291	CALCULUS OF KIDNEY
			35750	CALCULUS OF KIDNEY
		05/08/08	35806	CALCULUS OF KIDNEY
			35998	CALCULUS OF KIDNEY
		05/15/08	1788	CALCULUS OF KIDNEY
			35791	CALCULUS OF KIDNEY
		06/13/08	36852	CALCULUS OF URETER
		06/19/08	1788	CALCULUS OF KIDNEY
			36939	CALCULUS OF KIDNEY
		07/10/08	35791	CALCULUS OF KIDNEY
			37899	CALCULUS OF KIDNEY
		07/15/08	36852	CALCULUS OF URETER
		08/01/08	38272	CALCULUS OF KIDNEY
		09/11/08	39629	CALCULUS OF KIDNEY
		09/16/08	39180	CALCULUS OF KIDNEY
		10/10/08	39180	CALCULUS OF KIDNEY
		11/11/08	39158	CALCULUS OF KIDNEY
		11/19/08	41376	CALCULUS OF KIDNEY
		12/04/08	41773	CALCULUS OF URETER
		12/19/08	41376	CALCULUS OF KIDNEY
	42364		CALCULUS OF KIDNEY	
	42374		CALCULUS OF URETER	
	12/30/08	40341	CALCULUS OF KIDNEY	
		41283	CALCULUS OF KIDNEY	
	FAKOURI MD BEJAN	01/15/08	33007	CALCULUS OF KIDNEY
		01/21/08	32273	CALCULUS OF KIDNEY
		01/29/08	33393	CALCULUS OF KIDNEY
		02/11/08	33332	CALCULUS OF KIDNEY
		02/12/08	19231	CALCULUS OF KIDNEY
33716			CALCULUS OF URETER	
02/25/08		33782	CALCULUS OF KIDNEY	
02/26/08		34045	CALCULUS OF URETER	
03/04/08		12237	CALCULUS OF KIDNEY	

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	FAKOURI MD BEJAN...	03/04/08...	33332	CALCULUS OF KIDNEY
		03/17/08	33716	CALCULUS OF KIDNEY
		03/18/08	34762	CALCULUS OF KIDNEY
			34763	CALCULUS OF KIDNEY
		04/21/08	35453	CALCULUS OF URETER
			35710	CALCULUS OF KIDNEY
		04/22/08	35662	CALCULUS OF KIDNEY
		04/29/08	21937	CALCULUS OF URETER
			35940	CALCULUS OF KIDNEY
		05/01/08	35951	CALCULUS OF KIDNEY
		05/05/08	1235	CALCULUS OF KIDNEY
			35058	CALCULUS OF URETER
		05/06/08	36016	CALCULUS OF KIDNEY
			36051	CALCULUS OF URETER
		05/13/08	36366	CALCULUS OF URETER
			36387	CALCULUS OF URETER
		05/19/08	36527	CALCULUS OF URETER
		05/20/08	36172	CALCULUS OF URETER
		05/27/08	20879	CALCULUS OF KIDNEY
			36419	CALCULUS OF KIDNEY
		05/29/08	36051	CALCULUS OF URETER
		06/02/08	36664	CALCULUS OF URETER
		06/09/08	13639	CALCULUS OF KIDNEY
		06/10/08	4183	CALCULUS OF KIDNEY
			36949	CALCULUS OF URETER
		06/16/08	37283	CALCULUS OF URETER
		06/19/08	36913	CALCULUS OF KIDNEY
			37200	CALCULUS OF KIDNEY
			37227	CALCULUS OF KIDNEY
		06/24/08	37099	CALCULUS OF URETER
			37399	CALCULUS OF KIDNEY
		07/17/08	37539	CALCULUS OF KIDNEY
		07/22/08	2208	CALCULUS OF URETER
			37917	CALCULUS OF KIDNEY
			38106	CALCULUS OF KIDNEY
		07/28/08	37483	CALCULUS OF KIDNEY
		07/29/08	4183	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description		
60540...	FAKOURI MD BEJAN...	07/29/08...	36949	CALCULUS OF URETER		
		08/11/08	1102	CALCULUS OF KIDNEY		
		08/26/08	38982	CALCULUS OF URETER		
			39148	CALCULUS OF URETER		
		09/02/08	39192	CALCULUS OF URETER		
			39278	CALCULUS OF KIDNEY		
		09/08/08	39475	CALCULUS OF URETER		
		09/09/08	37439	CALCULUS OF URETER		
		09/22/08	38957	CALCULUS OF URETER		
		09/23/08	39431	CALCULUS OF KIDNEY		
			39527	CALCULUS OF KIDNEY		
			39981	CALCULUS OF KIDNEY		
		09/24/08	26602	CALCULUS OF KIDNEY		
			40118	CALCULUS OF KIDNEY		
		10/07/08	40217	CALCULUS OF URETER		
		10/21/08	40576	CALCULUS OF KIDNEY		
			40746	CALCULUS OF KIDNEY		
		10/27/08	40787	CALCULUS OF KIDNEY		
		11/10/08	39465	CALCULUS OF KIDNEY		
			41218	CALCULUS OF KIDNEY		
			41243	CALCULUS OF URETER		
			41278	CALCULUS OF KIDNEY		
		11/13/08	41595	CALCULUS OF KIDNEY		
		12/02/08	41278	CALCULUS OF KIDNEY		
		12/05/08	41270	CALCULUS OF KIDNEY		
			42005	CALCULUS OF KIDNEY		
		12/09/08	41243	CALCULUS OF URETER		
			41903	CALCULUS OF KIDNEY		
		12/11/08	40746	CALCULUS OF URETER		
			42265	CALCULUS OF KIDNEY		
		12/12/08	42006	CALCULUS OF KIDNEY		
		12/18/08	42081	CALCULUS OF KIDNEY		
		12/23/08	41270	CALCULUS OF KIDNEY		
			42076	CALCULUS OF URETER		
		12/30/08	41278	CALCULUS OF KIDNEY		
			42542	CALCULUS OF KIDNEY		
			LYON MD PAUL	01/03/08	32598	CALCULUS OF URETER

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	LYON MD PAUL...	01/03/08...	32689	CALCULUS OF URETER
		01/17/08	32584	CALCULUS OF URETER
		01/21/08	32963	CALCULUS OF KIDNEY
			33215	CALCULUS OF KIDNEY
		01/30/08	33257	CALCULUS OF KIDNEY
		02/21/08	33907	CALCULUS OF KIDNEY
		02/25/08	34007	CALCULUS OF KIDNEY
			34104	CALCULUS OF KIDNEY
		04/17/08	35293	CALCULUS OF KIDNEY
			35609	CALCULUS OF URETER
		06/04/08	36485	CALCULUS OF KIDNEY
		06/12/08	36564	CALCULUS OF KIDNEY
		07/07/08	37616	CALCULUS OF KIDNEY
		08/07/08	38462	CALCULUS OF URETER
		08/13/08	14399	CALCULUS OF URETER
			38462	CALCULUS OF URETER
		08/21/08	39128	CALCULUS OF URETER
		10/09/08	40257	CALCULUS OF KIDNEY
		10/20/08	40341	CALCULUS OF KIDNEY
		10/22/08	40654	CALCULUS OF KIDNEY
			40683	CALCULUS OF URETER
			40826	CALCULUS OF KIDNEY
			40835	CALCULUS OF KIDNEY
		10/30/08	40174	CALCULUS OF KIDNEY
			41004	CALCULUS OF URETER
		11/10/08	41070	CALCULUS OF KIDNEY
		11/13/08	41383	CALCULUS OF KIDNEY
		11/17/08	40457	CALCULUS OF KIDNEY
	40683		CALCULUS OF KIDNEY	
	11/26/08	41639	CALCULUS OF KIDNEY	
	12/11/08	41636	CALCULUS OF KIDNEY	
	12/15/08	40826	CALCULUS OF URETER	
	PASCIAK MD ROBERT	01/28/08	32453	CALCULUS OF KIDNEY
03/18/08		34465	CALCULUS OF KIDNEY	
03/19/08		34641	CALCULUS OF KIDNEY	
04/15/08		1788	CALCULUS OF KIDNEY	
04/25/08		23419	CALCULUS OF URETER	



## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	PASCIAK MD ROBERT...	05/16/08	36087	CALCULUS OF KIDNEY
		05/23/08	23419	CALCULUS OF KIDNEY
		05/27/08	36449	CALCULUS OF KIDNEY
		05/29/08	36745	CALCULUS OF URETER
		05/30/08	19524	CALCULUS OF KIDNEY
			36739	CALCULUS OF KIDNEY
		06/13/08	31633	CALCULUS OF KIDNEY
			36885	CALCULUS OF KIDNEY
		07/03/08	34641	CALCULUS OF KIDNEY
		07/17/08	37987	CALCULUS OF KIDNEY
		08/11/08	37998	CALCULUS OF KIDNEY
		08/15/08	38957	CALCULUS OF URETER
		08/29/08	39158	CALCULUS OF URETER
		09/05/08	19524	CALCULUS OF KIDNEY
		09/26/08	39997	CALCULUS OF KIDNEY
			40030	CALCULUS OF URETER
		10/10/08	40070	CALCULUS OF KIDNEY
			40484	CALCULUS OF URETER
		10/14/08	40581	CALCULUS OF URETER
		10/16/08	40800	CALCULUS OF URETER
		11/05/08	36449	CALCULUS OF URETER
		11/07/08	37987	CALCULUS OF KIDNEY
		11/24/08	40581	CALCULUS OF URETER
			40696	CALCULUS OF KIDNEY
	12/02/08	40696	CALCULUS OF KIDNEY	
		41797	CALCULUS OF KIDNEY	
	12/22/08	42526	CALCULUS OF KIDNEY	
	SEO MD ROBERT M	01/11/08	32959	CALCULUS OF URETER
		01/29/08	32990	CALCULUS OF KIDNEY
		02/12/08	33615	CALCULUS OF KIDNEY
		02/13/08	33789	CALCULUS OF URETER
		02/15/08	33106	CALCULUS OF KIDNEY
			33454	CALCULUS OF KIDNEY
		02/26/08	33788	CALCULUS OF KIDNEY
		03/06/08	34358	CALCULUS OF URETER
		03/07/08	33817	CALCULUS OF URETER
03/12/08		33845	CALCULUS OF KIDNEY	

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	SEO MD ROBERT M...	03/14/08	14241	CALCULUS OF KIDNEY
			32644	CALCULUS OF KIDNEY
			33817	CALCULUS OF KIDNEY
			33923	CALCULUS OF KIDNEY
		04/04/08	33923	CALCULUS OF KIDNEY
		04/09/08	33817	CALCULUS OF KIDNEY
		04/11/08	35255	CALCULUS OF KIDNEY
		04/30/08	35294	CALCULUS OF KIDNEY
		05/09/08	29626	CALCULUS OF KIDNEY
			35839	CALCULUS OF KIDNEY
		05/14/08	14241	CALCULUS OF KIDNEY
			36061	CALCULUS OF KIDNEY
		05/20/08	36440	CALCULUS OF KIDNEY
		05/23/08	35255	CALCULUS OF KIDNEY
		06/06/08	36371	CALCULUS OF KIDNEY
			36722	CALCULUS OF KIDNEY
		06/11/08	37099	CALCULUS OF KIDNEY
			37113	CALCULUS OF URETER
		06/17/08	37061	CALCULUS OF KIDNEY
		07/16/08	37740	CALCULUS OF KIDNEY
		08/06/08	38387	CALCULUS OF KIDNEY
		08/13/08	37740	CALCULUS OF KIDNEY
			38674	CALCULUS OF KIDNEY
		09/09/08	8296	CALCULUS OF URETER
			38282	CALCULUS OF URETER
			39552	CALCULUS OF KIDNEY
		09/10/08	39690	CALCULUS OF URETER
			39696	CALCULUS OF KIDNEY
		10/14/08	37740	CALCULUS OF KIDNEY
		10/16/08	40798	CALCULUS OF URETER
		10/22/08	40298	CALCULUS OF KIDNEY
			40482	CALCULUS OF KIDNEY
		11/12/08	41332	CALCULUS OF KIDNEY
			41460	CALCULUS OF KIDNEY
11/14/08	40918	CALCULUS OF KIDNEY		
11/19/08	41004	CALCULUS OF KIDNEY		
	41573	CALCULUS OF URETER		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60540...	SEO MD ROBERT M...	11/21/08	32644	CALCULUS OF KIDNEY
		11/25/08	41907	CALCULUS OF KIDNEY
		11/28/08	12443	CALCULUS OF URETER
			41364	CALCULUS OF KIDNEY
		12/09/08	42224	CALCULUS OF URETER
			42281	CALCULUS OF URETER
		12/17/08	42128	CALCULUS OF KIDNEY
			42420	CALCULUS OF KIDNEY
		12/31/08	42744	CALCULUS OF KIDNEY
			42748	CALCULUS OF KIDNEY
42771	CALCULUS OF KIDNEY			
60608	DESIREDDI MD NARESH	09/11/08	39227	CALCULUS OF KIDNEY
		12/11/08	41930	CALCULUS OF KIDNEY
			41993	CALCULUS OF KIDNEY
	PARK MD SANGTAE	02/11/08	33586	CALCULUS OF KIDNEY
		05/30/08	36529	CALCULUS OF KIDNEY
		07/22/08	37817	CALCULUS OF URETER
60614	LAND MD SPENCER A	04/04/08	35266	CALCULUS OF URETER
		05/30/08	36746	CALCULUS OF KIDNEY
		07/03/08	37753	CALCULUS OF KIDNEY
			37762	CALCULUS OF KIDNEY
		07/21/08	38243	CALCULUS OF URETER
		09/13/08	24478	CALCULUS OF KIDNEY
			39436	CALCULUS OF KIDNEY
		10/24/08	41030	CALCULUS OF URETER
		10/31/08	1776	CALCULUS OF KIDNEY
		12/17/08	42328	CALCULUS OF KIDNEY
	SUNDAR MD B	01/26/08	29151	CALCULUS OF KIDNEY
		04/29/08	35266	CALCULUS OF URETER
			35854	CALCULUS OF KIDNEY
		08/27/08	39255	CALCULUS OF URETER
60617	GADRINAB MD NELCAR	08/30/08	39498	CALCULUS OF KIDNEY
		10/29/08	41148	CALCULUS OF URETER
		01/14/08	32838	CALCULUS OF URETER
		03/10/08	34374	CALCULUS OF KIDNEY
		03/28/08	34984	CALCULUS OF URETER
		03/31/08	18919	CALCULUS OF KIDNEY

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60617...	GADRINAB MD NELCAR...	04/23/08	32838	CALCULUS OF KIDNEY
		05/12/08	36079	CALCULUS OF KIDNEY
		06/09/08	19717	CALCULUS OF KIDNEY
		06/16/08	19717	CALCULUS OF KIDNEY
		11/06/08	41132	CALCULUS OF URETER
60623	RIOS MD EDGAR	01/09/08	32837	CALCULUS OF URETER
		01/16/08	33087	CALCULUS OF KIDNEY
		01/24/08	32837	CALCULUS OF KIDNEY
		01/25/08	33082	CALCULUS OF URETER
		02/28/08	34112	CALCULUS OF URETER
		04/14/08	35511	CALCULUS OF KIDNEY
		05/13/08	36039	CALCULUS OF KIDNEY
			36203	CALCULUS OF KIDNEY
		10/13/08	40630	CALCULUS OF KIDNEY
		10/24/08	40985	CALCULUS OF KIDNEY
		10/31/08	41059	CALCULUS OF KIDNEY
		12/09/08	33087	CALCULUS OF KIDNEY
		12/12/08	40985	CALCULUS OF URETER
60638	KHANDEPARKER MD V	01/16/08	32910	CALCULUS OF URETER
		02/04/08	33463	CALCULUS OF KIDNEY
		02/22/08	33922	CALCULUS OF KIDNEY
		02/27/08	14763	CALCULUS OF KIDNEY
		07/09/08	37810	CALCULUS OF URETER
		07/25/08	38345	CALCULUS OF URETER
		08/29/08	39332	CALCULUS OF KIDNEY
		10/01/08	32658	CALCULUS OF KIDNEY
60640	LAND MD SPENCER A	01/11/08	32763	CALCULUS OF KIDNEY
60707	SADAH MD ALAN	01/19/08	32982	CALCULUS OF URETER
			33095	CALCULUS OF KIDNEY
		02/02/08	33334	CALCULUS OF KIDNEY
		04/19/08	18112	CALCULUS OF KIDNEY
			35225	CALCULUS OF KIDNEY
		05/24/08	36265	CALCULUS OF URETER
			36376	CALCULUS OF KIDNEY
		06/20/08	27485	CALCULUS OF KIDNEY
		07/19/08	38158	CALCULUS OF URETER
09/12/08	29078	CALCULUS OF URETER		

## 2008 ESWL by Physician ZipCode

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
60707...	SADAH MD ALAN...	10/25/08	39991	CALCULUS OF URETER
		11/26/08	27485	CALCULUS OF KIDNEY
60805	BONAGURO MD RONALD	01/23/08	18593	CALCULUS OF KIDNEY
		05/06/08	36035	CALCULUS OF KIDNEY
			36080	CALCULUS OF KIDNEY
		06/13/08	37137	CALCULUS OF KIDNEY
		07/08/08	27133	CALCULUS OF KIDNEY
			37508	CALCULUS OF KIDNEY
			37741	CALCULUS OF KIDNEY
		08/19/08	38986	CALCULUS OF KIDNEY
		09/05/08	39354	CALCULUS OF KIDNEY
			39580	CALCULUS OF KIDNEY
	10/14/08	40574	CALCULUS OF KIDNEY	
	PIERPAOLI MD STEVEN	05/12/08	36357	CALCULUS OF URETER
		11/22/08	38749	CALCULUS OF KIDNEY
	WOHLBERG MD F	03/03/08	34257	CALCULUS OF KIDNEY
		04/29/08	35944	CALCULUS OF URETER
			35945	CALCULUS OF URETER
		08/12/08	38598	CALCULUS OF KIDNEY
		09/24/08	40059	CALCULUS OF KIDNEY
		11/07/08	40580	CALCULUS OF URETER
			41131	CALCULUS OF KIDNEY
12/30/08	41131	CALCULUS OF KIDNEY		
ZUMERCHIK MD DAVID	02/13/08	33413	CALCULUS OF URETER	
	02/20/08	33748	CALCULUS OF URETER	
	03/05/08	34017	CALCULUS OF KIDNEY	
	03/14/08	34730	CALCULUS OF URETER	
	03/19/08	34621	CALCULUS OF URETER	
	05/28/08	36703	CALCULUS OF URETER	
	07/28/08	38075	CALCULUS OF KIDNEY	
	10/03/08	38972	CALCULUS OF URETER	
	11/19/08	41659	CALCULUS OF URETER	
	12/23/08	42626	CALCULUS OF KIDNEY	
604404300	DHINDSA MD AVTAR S	01/03/08	32714	CALCULUS OF URETER
		02/12/08	33764	CALCULUS OF URETER
		02/20/08	33868	CALCULUS OF KIDNEY
			33870	CALCULUS OF KIDNEY

**2008 ESWL by Physician ZipCode**

Physician Zip	Physician Name	Date of Service	Acct Number	Diagnosis Description
604404300...	DHINDSA MD AVTAR S...	03/12/08	33868	CALCULUS OF KIDNEY
		03/26/08	34981	CALCULUS OF KIDNEY
		04/02/08	33868	CALCULUS OF KIDNEY
		04/23/08	35672	CALCULUS OF KIDNEY
		05/07/08	14135	CALCULUS OF KIDNEY
		06/05/08	36938	CALCULUS OF KIDNEY
		08/06/08	38644	CALCULUS OF KIDNEY
		09/10/08	39553	CALCULUS OF KIDNEY
			39554	CALCULUS OF KIDNEY
		10/31/08	41112	CALCULUS OF KIDNEY

September 19, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761  
Dear Mr. Constantino:

Re: Affidavit Regarding Procedure Room Need Assessment at United Shockwave Therapy Center – La Grange

Dear Mr. Constantino:

I have reviewed the rules and regulations concerning “procedure room need” set forth at 77 Ill. Admin. Code § 1110.1540(d). I have also reviewed the procedure logs and records kept at the United Shockwave Therapy Center – La Grange (the “Facility”). And I am also familiar with the various rules and regulations concerning the submission of accurate materials to the Illinois Health Facilities & Services Review Board. Based on the foregoing, I hereby certify the following:

In 2007, physicians performed 2,215 unilateral and 41 bilateral extracorporeal shockwave lithotripsy procedures at the Facility.

In 2007, physicians performed 317 laser procedures at the Facility.

In 2008, physicians performed 1,917 unilateral and 49 bilateral extracorporeal shockwave lithotripsy procedures at the Facility.

In 2008, physicians performed 224 laser lithotripsy procedures at the Facility.

In 2009, physicians performed 1,760 unilateral and 36 bilateral extracorporeal shockwave lithotripsy procedures at the Facility.

In 2009, physicians performed 194 laser procedures at the Facility.

On average, it takes 60 minutes to perform a unilateral extracorporeal shockwave lithotripsy procedure, including setup and clean up time, at the Facility.

On average, it takes 90 minutes to perform a bilateral extracorporeal shockwave lithotripsy procedure, including setup and clean up time, at the Facility.

On average, it takes 120 minutes to perform a laser procedure, including setup and clean up time, at the Facility.

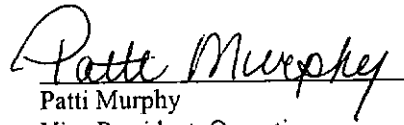
Mr. Michael Constantino

Page 2

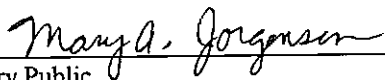
September 19, 2010

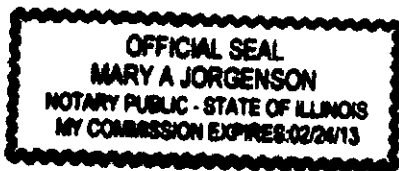
I certify, under oath and penalties as provided by law pursuant to 735 ILCS 5/1-109, that the information contained in this letter is true and correct to the best of my knowledge.

Sincerely,

  
Patti Murphy  
Vice President, Operations

SUBSCRIBED AND SWORN  
to before me this 20th day  
of September, 2010.

  
\_\_\_\_\_  
Notary Public





United Urology Centers LLC  
 LaGrange Location  
 Utilization Support & Calculations

Year	Unilateral ESLP Procedures	Minutes Per		Bilateral ESLP Procedures	Minutes Per		Laser Procedures	Minutes Per		Total Minutes	Total Hours
		Unilateral ESLP Procedure	Total Unilateral ESLP Minutes		Bilateral ESLP Procedure	Total Bilateral ESLP Minutes		Laser Procedure	Total Laser Minutes		
2007	2,215	60	132,900	41	3,690	317	120	38,040	174,630	2,910.5	
2008	1,917	60	115,020	49	4,410	224	120	26,880	146,310	2,438.5	
2009	1,760	60	105,600	36	3,240	194	120	23,280	132,120	2,202.0	
2011	2,115	60	126,900	40	3,600	232	120	27,840	158,340	2,639.0	

**Attachment 16**  
**Criterion 1110.234(c), Shelled Space**

This Project will not include unfinished space. Thus, this Criterion is not applicable.

**Section VII, Specific Service Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Attachment 27**  
**Criterion 1110.1540**

**Criterion 1110.1540(a), Scope of Services Provided**

The Applicant is proposing a single specialty ambulatory surgical treatment center specializing in urology. The proposed Surgery Center will have a single procedure room and will offer the same exact services that are currently being performed at the Applicant's current LaGrange Facility; to wit, extracorporeal shockwave lithotripsy procedures for the treatment of kidney stones and laser procedures for the treatment urethral stones and benign prostatic hyperplasia (enlarged prostates).

**Criterion 1110.1540(b), Target Population**

A. As previously set forth in this Application, the LaGrange Facility has been operating as a Joint Commission accredited lithotripsy and laser center at 120 North LaGrange Road in LaGrange, Illinois, since 1995 (the "Site"). Attached at ATTACHMENT 27 is a map outlining the Facility's current service area and the projected service area (the "Service Area") for the Surgery Center. Thus, to be clear, the Surgery Center will serve the same exact patient population as the current LaGrange Facility serves. More technically, and as set forth in Criterion 1110.230, the Surgery Center's service area will be 60 minutes travel time (under normal driving conditions and as adjusted per the Board's rules), or roughly 30 miles, from the Site.

B. The Service Area covers the following counties: Cook, DuPage, Kane, Kendall, Lake and McHenry Counties. According to data published by the Illinois Department of Commerce & Economic Opportunity, those counties had a total population of 7,643,998 as of the 2000 census.

C. The Applicant used MapQuest and MapPoint North America to determine travel times and distances for the Service Area.

**Criterion 1110.1540(c), Projected Patient Volume**

As has been stated throughout this Application, the proposed Surgery Center will serve the same patient population as the current LaGrange Facility serves. This Application is being filed to address certain federal reimbursement changes concerning "under-arrangement" relationships which limit the LaGrange Facility's ability to Medicare and Medicaid patients on behalf of local area hospitals. Thus, the Applicant expects no change in the types of procedures, patient volumes or the number of referring physician once the Surgery Center is established. The following chart summarizes the past procedure volumes at the LaGrange Facility and the projected procedure volumes at the Surgery Center:

Historical & Projected Patient Volume at LaGrange Facility/Surgery Center					
	Unilateral Extracorporeal Shockwave Lithotripsy Procedures	Bilateral Extracorporeal Shockwave Lithotripsy Procedures	Laser Procedures	Total Procedures	Subset of Total Procedures – Medicare Patients Only
2007	2,215	41	317	2,573	402
2008	1,917	49	224	2,190	390
2009	1,760	36	194	1,990	383
2011 (Projected)	2,115	40	232	2,387	460

Affidavits from the Applicant's Medical Director and Vice President of Operations in support of these statements and this Criterion are attached as ATTACHMENT 15. Attached to those Affidavits are HIPAA compliant lists detailing the names of the LaGrange Facility's referring physicians, procedure counts, and patient origin data by zip code.

**Criterion 1110.1540(d), Treatment Room Need Assessment**

The Applicant's strong historical demand for the services covered by this Application supports the establishment of a single procedure room, ambulatory surgical treatment center. As set forth in the Affidavit of Ms. Patti Murphy, the LaGrange Facility's Vice President of Operations, on average, it takes 60 minutes to perform a unilateral extracorporeal shockwave lithotripsy procedure, including set up and clean up time; 90 minutes to perform a bilateral extracorporeal shockwave lithotripsy procedure, including set up and clean up time; and 120 minutes to perform a laser procedure, including set up and clean up time. If those average procedure times are applied to the projected patient volumes for the Surgery Center, the Surgery Center can easily justify the single Class B procedure suite contemplated by this Project. Indeed, the LaGrange Facility's past utilization (and projected utilization at the Surgery Center) can justify 2 procedure rooms.

As the below chart establishes, the historical demand for the LaGrange Facility and projected demand for the Project has exceeded (and will continue to exceed) the utilization standards set forth in the State Norms.

Projected Procedure Room Utilization Analysis					
Year	Proposed Number of Procedure Rooms	Historical Utilization	Projected Utilization	State Utilization Standard	Number of Procedures Room Justified by Utilization
2007	One Surgical Procedure Suite (Class B)	174,630 minutes or 2,910.5 hours per procedure room		1,500 hours per procedure room	2,910.5/1,500 hours = 1.94 = 2 Procedure Rooms Justified
2008	One Surgical Procedure Suite (Class B)	146,310 minutes or 2,438.5 hours per procedure room		1,500 hours per procedure room	2,438.5/1,500 hours = 1.63 = 2 Procedure Rooms Justified
2009	One Surgical Procedure Suite (Class B)	132,120 minutes or 2,202 hours per procedure room		1,500 hours per procedure room	2,202/1,500 hours = 1.47 = 2 Procedure Rooms Justified
2011	One Surgical Procedure Suite (Class B)		158,340 minutes or 2,639 hours per procedure room	1,500 hours per procedure room	2,910.5/1,500 hours = 1.76 = 2 Procedure Rooms Justified

See Dr. Donald Norris' Affidavit Regarding Past & Future Patient & Procedure Counts, Ms. Patti Murphy's Affidavit Regarding Procedure Room Need Assessment, and supporting calculations in support of this Criterion at ATTACHMENT 15.

**Criterion 1110.1540(e), Impact on Other Facilities**

The proposed Surgery Center will have a single procedure room and will perform the same exact services that are currently being performed at the Applicant's current LaGrange Facility; to wit, extracorporeal shockwave lithotripsy procedures for the treatment of kidney stones and laser procedures for the treatment of urethral stones and benign prostatic hyperplasia (enlarged prostates). And, as stated throughout this Application, the proposed Surgery Center will serve the same patient population as the current LaGrange Facility serves and there will be no change in the types of procedures, patient volumes or the number of referring physicians once the Surgery Center is established. Thus, it is the Applicant's firm belief that no other facility in the Surgery Center's Service Area will be impacted in any manner by this Application.

Moreover, it is technically impossible to determine utilization or any possible impact on hospitals in the proposed Service Area because the Annual Hospital Data Profiles available on the Board's website do not list the exact types of procedures being performed with any particular hospital based Lithotripter unit. It is also worth noting that a number of the hospitals in the Surgery Center's proposed Service Area actually contract with the Applicant to provide mobile Lithotripter units.

As for the other licensed surgery centers in the proposed Service Area, it is very unlikely that any surgery center in the proposed Service Area has a Lithotripter unit because of their high cost. Indeed, the Ambulatory Surgical Treatment Center Facility Profiles available on the Board's web site do not even list whether a surgery center has a Lithotripter unit.

The Applicants identified 127 hospitals and ambulatory surgical treatment centers in the proposed Service Area. Those hospitals and ambulatory surgical treatment centers are identified in the chart attached at ATTACHMENT 27. Pursuant to this Criterion, "impact letters" were sent to each of those identified hospitals and ambulatory surgical treatment centers. Copies of the impact letters and documentation that the letters were sent are attached at ATTACHMENT 27.



**Criterion 1110.1540(f), Establishment of New Facilities**

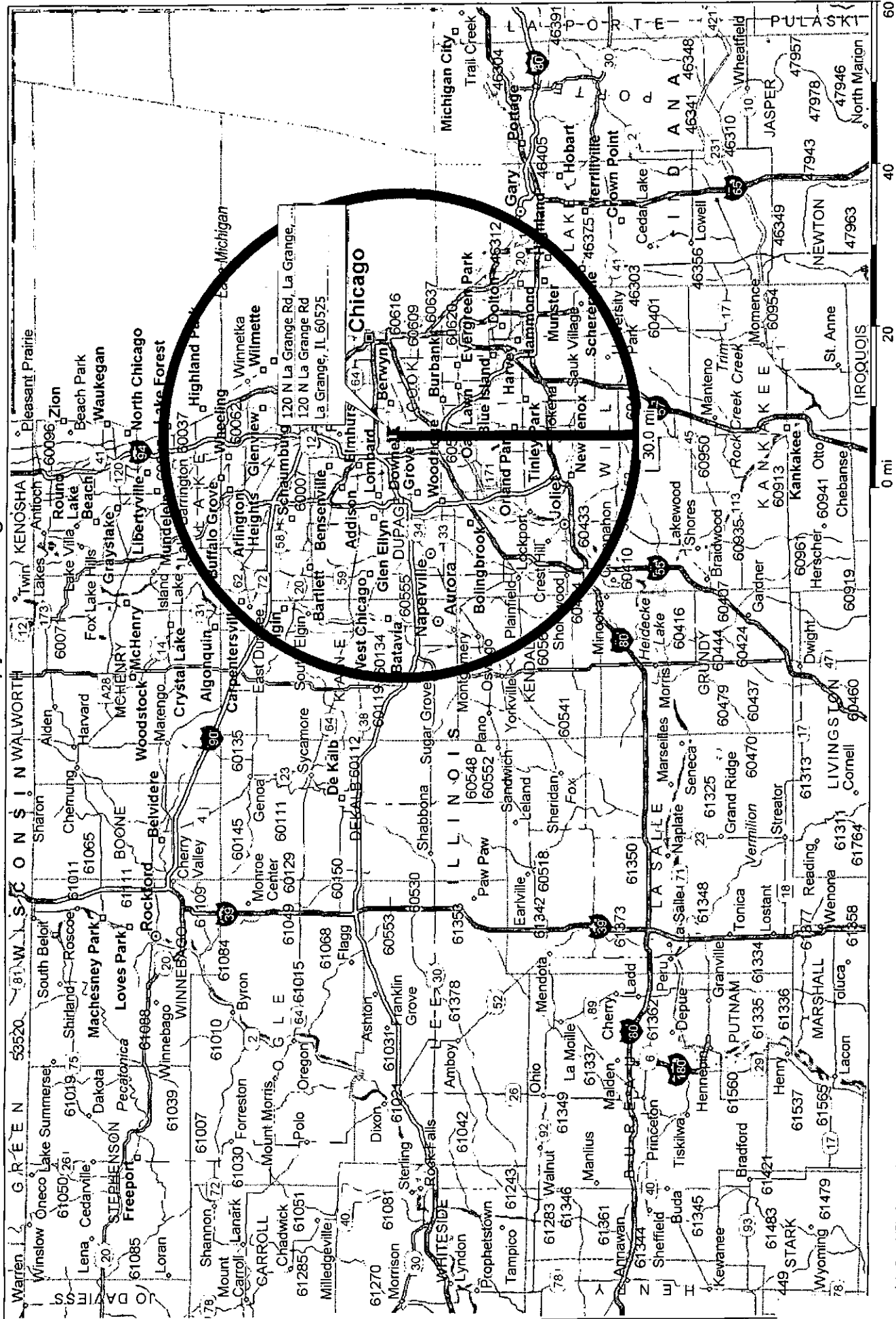
As has been stated before, this Application is being filed to address certain federal reimbursement changes which occurred in October of 2009 concerning "under-arrangement" relationships. Those changes have prevented the LaGrange Facility from providing "under-arrangement" services to Medicare and Medicaid patients on behalf of local area hospitals since October of 2009. The changes have not limited the LaGrange Facility's ability to provide services to insured patients. Because the LaGrange Facility is the largest provider of lithotripsy and laser services in the Service Area, this has negatively impacted Medicaid and Medicare patients. More specifically, Medicaid and Medicare patients suffering from kidney stones in the current and proposed Service Area are now: (a) waiting longer for treatment because most area hospitals only contract for lithotripsy services on an intermittent basis; (b) enduring additional procedures such as the insertion of catheters and stents while they wait to be treated; and (c) most likely incurring greater costs because the lithotripsy procedures are being performed at hospitals. See the letters attached at ATTACHMENT 27 from urologists in the Service Area attesting to the fact that the proposed Surgery Center will improve access to care for Medicaid and Medicare patients in the Service Area.

Thus, by definition, at this very moment, insured patients can receive care at a state-of-the-art lithotripsy center like the LaGrange Facility, while Medicaid and Medicare patients can not. Authorizing the establishment of the proposed Surgery Center will immediately correct that access issue. For these reasons, the Applicant asserts that it has satisfied Criterion 1110.1540(f)(3).

**Criterion 1110.1540(g), Charge Commitment**

The Applicant's current charge master for the LaGrange Facility is attached at ATTACHMENT 27. As set forth in the Affidavit of Ms. Patti Murphy, also attached at ATTACHMENT 27, the Applicant has agreed that it will not increase its charges for the first two years of operation following the licensure and opening of the proposed Surgery Center. Critically, from a healthcare cost containment point of view, the Surgery Center will actually be maintaining the exact same fee structure that is in place at the LaGrange Facility.

# United Therapy -- LaGrange



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Healthcare Facilities Within 60 Minutes Adjusted Travel Time of La Grange Facility

Name	Address	City	State	Zip	Miles	Minutes	Adj. Minutes
ROGERS PARK ONE DAY SURGERY CENTER	7616 NORTH PAULINA	CHICAGO	IL	60626	29.49	49	56.35
St. Francis Hospital	355 Ridge Avenue	Evanston	IL	60202	29.2	49	56.35
Provena Saint Joseph Medical Center	333 North Madison Street	Joliet	IL	60435	33.3	47	54.05
LAKESHORE PHYSICIANS & SURGERY CTR.	7200 NORTH WESTERN AVENUE	CHICAGO	IL	60645	28.12	47	54.05
KENDALL POINTE SURGERY CENTER, LLC	100 WEST FIFTH STREET	OSWEGO	IL	60543	30.73	45	51.75
Peterson Surgery Center (Peterson Medical Surgicenter)	2300 West Peterson Avenue	Chicago	IL	60659	26.52	45	51.75
St. James Hospital & Health Center	4 E 14th St	Chicago Heights	IL	60411	28.55	44	50.60
SURGICARE CENTER, INC.	333 DIXIE HIGHWAY	CHICAGO HEIGHTS	IL	60411	25.79	43	49.45
Skokie Hospital	9600 Gross Point Road	Skokie	IL	60076	26.58	43	49.45
Methodist Hospital of Chicago	5025 North Paulina Street	Chicago	IL	60640	23.43	43	49.45
MIDWEST EYE CENTER, S.C.	1700 WEST ROAD	CALUMET CITY	IL	60409	28.95	42	48.30
SURGICORE	10547 SOUTH EWING AVENUE	CHICAGO	IL	60617	27.38	42	48.30
St. James Hospital & Health Center	20201 South Crawford	Olympia Fields	IL	60461	27.32	42	48.30
NORTH SHORE SAME DAY SURGERY CENTER	3725 West Touhy Avenue	Lincolnwood	IL	60712	26.45	42	48.30
NOVAMED SURGERY CENTER OF CHICAGO NORTH SHORE	3034 WEST PETERSON	CHICAGO	IL	60659	25.57	42	48.30
Swedish Covenant Hospital	5145 North California Avenue	Chicago	IL	60625	24.82	42	48.30
Thorek Memorial Hospital	850 West Irving Park	Chicago	IL	60613	22.91	42	48.30
Louis A. Weiss Memorial Hospital	4646 North Marine Drive	Chicago	IL	60640	24.55	42	48.30
Roseland Community Hospital	45 West 111th Street	Chicago	IL	60628	25.68	41	47.15
South Shore Hospital	8012 South Crandon	Chicago	IL	60617	23.45	41	47.15
DREYER AMBULATORY SURGERY CENTER	1221 NORTH HIGHLAND AVENUE	AURORA	IL	60506	29	41	47.15
CASTLE SURGICENTER, LLC	2111 OGDEN AVENUE	AURORA	IL	60504	26.52	40	46.00
Edward Plainfield Surgery Center	24600 W 127th Street	Plainfield	IL	60544	26.16	40	46.00
Ravine Way Surgery Center	2350 Ravine Way	Glenview	IL	60025	27.09	40	46.00
Rush Copley Memorial Hospital	2000 Ogden Avenue	Aurora	IL	60504	27.78	40	46.00
Provena Mercy Center	1325 North Highland Avenue	Aurora	IL	60506	28.37	40	46.00
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	IL	60617	25.19	39	44.85
THE GLEN ENDOSCOPY CENTER	2551 COMPASS ROAD	GLENVIEW	IL	60026	26.66	39	44.85
Saint Joseph Health Centers & Hospital	2900 North Lake Shore W	Chicago	IL	60657	22.29	39	44.85
Jackson Park Hosp. Foundation	7531 Stony Island Avenue	Chicago	IL	60649	22.97	38	43.70
Advocate Illinois Masonic Medical Center	836 West Wellington	Chicago	IL	60657	21.54	38	43.70
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	IL	60429	22.83	37	42.55
Children's Memorial Hospital	2300 Childrens Plaza	Chicago	IL	60614	20.8	37	42.55

Healthcare Facilities Within 60 Minutes Adjusted Travel Time of La Grange Facility

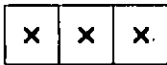
Name	Address	City	State	Zip	Miles	Minutes	Adj. Minutes
NORTHWEST SURGICARE HEALTHSOUTH	1100 WEST CENTRAL ROAD	ARLINGTON HEIGHTS	IL	60005	25.47	37	42.55
NORTHWEST COMMUNITY DAY SURG.	675 WEST KIRCHOFF ROAD	ARLINGTON HEIGHTS	IL	60005	25.12	37	42.55
Northwest Community Hospital	800 West Central Road	Arlington Heights	IL	60005	25.06	37	42.55
Glenbrook Hospital	2100 Pfingsten Road	Glenview	IL	60025	25.65	37	42.55
Silver Cross Hospital	US-6 & N Clinton St	New Lenox	IL	60451	25.35	36	41.40
Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road	Morton Grove	IL	60053	22.82	36	41.40
CMP SURGICENTER	3412 WEST FULLERTON	CHICAGO	IL	60647	17.06	35	40.25
Little Company of Mary Hospital and Health Care Center	2800 West 95th Street	Evergreen Park	IL	60642	14.84	35	40.25
University Of Chicago Medical Center	5841 South Maryland	Chicago	IL	60637	20	35	40.25
Hispanic-American Endoscopy Center	3536 West Fullerton	Chicago	IL	60647	17.23	35	40.25
Central DuPage Hospital	25 N. Winfield	Winfield	IL	60190	20.84	35	40.25
Our Lady of Resurrection Medical Center	5645 West Addison Street	Chicago	IL	60634	14.98	35	40.25
Edward Hospital	809 South Washington	Naperville	IL	60566	17.83	34	39.10
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	IL	60426	21.57	34	39.10
SIX CORNERS SAME A81DAY SURGERY	4211 NORTH CICERO AVENUE	CHICAGO	IL	60647	22.6	34	39.10
SOUTHWEST SURGERY CENTER, L.L.C.	9295 West 191st Street	MOKENA	IL	60448	19.94	33	37.95
INGALLS SAME DAY SURGERY	6701 WEST 159TH STREET	TINLEY PARK	IL	60477	19.06	33	37.95
AMERICAN WOMEN'S MEDICAL GROUP	2744 NORTH WESTERN AVENUE	Chicago	IL	60647	20.74	33	37.95
THE SURGERY CENTER AT 900 N. MICHIG	60 EAST DELAWARE	CHICAGO	IL	60611	19.02	33	37.95
WATERTOWER SURGICENTER	845 NORTH MICHIGAN AVENUE	CHICAGO	IL	60611	19.06	33	37.95
Oak Forest Hospital	15900 Cicero Avenue	Oak Forest	IL	60452	18.25	33	37.95
MetroSouth Medical Center	12935 South Gregory Street	Blue Island	IL	60406	17.85	33	37.95
Holy Cross Hospital	2701 West 68th Street	Chicago	IL	60629	14.35	33	37.95
DuPage Eye Surgery Center	2015 North Main Street	Wheaton	IL	60187	21.17	33	37.95
Hand Surgery Associates, S.C.	515 West Algonquin Road	Arlington Heights	IL	60005	23.27	33	37.95
ALBANY MEDICAL SURGICAL CENTER	5086 NORTH ELSTON AVENUE	CHICAGO	IL	60630	22.26	33	37.95
DIMENSIONS MEDICAL CENTER, LTD.	1455 GOLF ROAD	DES PLAINES	IL	60016	21.72	33	37.95
FOOT & ANKLE SURGICAL CENTER	1455 GOLF ROAD	DES PLAINES	IL	60016	21.72	33	37.95
Northwestern Memorial Hospital	251 East Huron St	Chicago	IL	60611	19.09	33	37.95
Provident Hospital of Cook County	500 East 51st Street	Chicago	IL	60615	18.5	32	36.80
Fullerton Surgery Center	4849 West Fullerton	Chicago	IL	60639	14.46	32	36.80
GOLF SURGICAL CENTER	8901 GOLF ROAD	DES PLAINES	IL	60016	21.05	32	36.80
Holy Family Hospital	100 North River Road	Des Plaines	IL	60016	21.05	32	36.80

Healthcare Facilities Within 60 Minutes Adjusted Travel Time of La Grange Facility

Name	Address	City	State	Zip	Miles	Minutes	Adj. Minutes
GRAND AVENUE SURGICAL CENTER	15 WEST GRAND AVENUE	CHICAGO	IL	60610	18.55	31	35.65
RIVER NORTH SAME DAY SURGERY CENTER	ONE EAST ERIE STREET	CHICAGO	IL	60611	18.58	31	35.65
St. Elizabeth's Hospital	1431 North Claremont	Chicago	IL	60622	16.23	31	35.65
TINLEY WOODS SURGERY CENTER	1789E 96th Avenue	TINLEY PARK	IL	60477	18	30	34.50
HYDE PARK SURGERY CENTER, LLC	1644 EAST 53RD STREET	CHICAGO	IL	60615	19.55	30	34.50
25 EAST SAME DAY SURGERY	25 EAST WASHINGTON	CHICAGO	IL	60602	17.5	30	34.50
St. Bernard Hospital	326 West 64th Street	Chicago	IL	60621	19.31	30	34.50
Saint Mary Of Nazareth Hospital	2233 West Division Street	Chicago	IL	60622	15.93	30	34.50
Belmont/Harlem Surgery Center	3101 NORTH HARLEM AVENUE	CHICAGO	IL	60634	11.98	30	34.50
Glen Oaks Medical Center	701 Winthrop Avenue	Glendale Heights	IL	60139	18.82	30	34.50
Alexian Brothers Medical Center	800 Biesterfeld Road	Elk Grove Villa	IL	60007	19.47	30	34.50
Resurrection Medical Center	7435 West Talcott Avenue	Chicago	IL	60631	19.22	30	34.50
Advocate Lutheran General Hospital	1800 Parkside Dr	Park Ridge	IL	60068	20.05	30	34.50
ORLAND PARK SURGICAL CENTER, LLC	9550 WEST 167TH STREET	ORLAND PARK	IL	60467	16.48	28	32.20
ILLINOIS CENTER FOR FOOT & ANKLE SURGERY, INC.	4650 SOUTHWEST HIGHWAY	OAK LAWN	IL	60453	12.63	28	32.20
Advocate Christ Hospital and Medical Center	9500 South Kenneth Ave	Oak Lawn	IL	60453	12.75	28	32.20
Norwegian American Hospital	1044 North Francisco Avenue	Chicago	IL	60622	14.95	28	32.20
DuPage Orthopedic Group Surgery Center	27650 Ferry Road	Warrenville	IL	60565	18.47	28	32.20
Sacred Heart Hospital	3240 West Franklin Blvd	Chicago	IL	60624	14.52	27	31.05
THE CENTER FOR SURGERY	475 EAST DIEHL ROAD	NAPERVILLE	IL	60563	17.58	27	31.05
ALDEN CENTER FOR DAY SURGERY CENTER, LLC	1580 WEST LAKE STREET	ADDISON	IL	60101	16.74	27	31.05
South Loop Endoscopy & Wellness Center	2336 South Wabash	Chicago	IL	60616	15.56	26	29.90
Adventist Bolingbrook Hospital	400 Medical Center Drive	Bolingbrook	IL	60440	16.7	26	29.90
University of Illinois Hospital	1740 West Taylor Avenue	Chicago	IL	60612	15	26	29.90
Mercy Hospital & Medical Center	2525 South Michigan Avenue	Chicago	IL	60616	15.86	26	29.90
ADVANTAGE HEALTH CARE, LTD.	203 EAST IRVING PARK ROAD	WOOD DALE	IL	60191	15.19	26	29.90
ADVANCED AMBULATORY SURGICAL CENTER	2333 NORTH HARLEM AVENUE	CHICAGO	IL	60707	10.99	26	29.90
RUSH SURGICENTER - PROF. BLDG.	1725 WEST HARRISON	CHICAGO	IL	60612	14.7	25	28.75
St. Anthony Hospital	2875 West 19th Street	Chicago	IL	60623	12.9	25	28.75
Mount Sinai Hospital Medical Center	1501 S California Ave	Chicago	IL	60608	13.15	25	28.75
ELMWOOD PARK SAME DAY SURGERY, LLC	1614 NORTH HARLEM AVENUE	ELMWOOD PARK	IL	60707	10.09	24	27.60
John H. Stroger Hospital of Cook County	1901 W. Harrison St - Suite 5650	Chicago	IL	60612	14.48	24	27.60
Rush University Medical Center	1653 West Congress Parkway	Chicago	IL	60612	14.72	24	27.60

Healthcare Facilities Within 60 Minutes Adjusted Travel Time of La Grange Facility

Name	Address	City	State	Zip	Miles	Minutes	Adj. Minutes
PALOS SURGICENTER, LLC	7340 WEST COLLEGE DRIVE	PALOS HEIGHTS	IL	60463	13.05	23	26.45
OAK LAWN ENDOSCOPY	9921 SOUTHWEST HIGHWAY	OAK LAWN	IL	60453	11.16	23	26.45
SOUTHWESTERN MEDICAL CENTER, L.L.C.	7456 South State Road	BEDFORD PARK	IL	60638	11.16	23	26.45
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	IL	60463	12.73	22	25.30
West Suburban Hospital	622 North Austin Ave	Oak Park	IL	60302	10.6	22	25.30
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	IL	60160	9.09	21	24.15
NOVAMED SURGERY CENTER OF OAK LAWN	6309 WEST 95TH STREET	OAK LAWN	IL	60453	10.39	20	23.00
NOVAMED SURGERY CENTER OF RIVER FOR	7427 WEST LAKE STREET	RIVER FOREST	IL	60305	8.94	20	23.00
Westlake Community Hospital	1225 W Lake St	Melrose Park	IL	60160	6.76	19	21.85
DuPage Medical Group Surgery Center	1801 South Highland	Lombard	IL	60148	10.51	18	20.70
Elmhurst Memorial Hospital	York Rd & Roosevelt Rd	Elmhurst	IL	60126	6.26	18	20.70
Loretto Hospital	645 South Central Avenue	Chicago	IL	60644	9.84	18	20.70
MIDWEST CENTER FOR DAY SURGERY	3811 HIGHLAND AVENUE	DOWNERS GROVE	IL	60515	8.99	17	19.55
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	IL	60515	9	17	19.55
Rush Oak Park Hospital	520 South Maple Street	Oak Park	IL	60304	8.12	17	19.55
LOYOLA AMB. SURG. CTR. AT OAKBROOK	1650 South Ardmore Avenue	Villa Park	IL	60181	8.73	16	18.40
ELMHURST MEDICAL & SURGICAL CENTER	340 WEST BUTTERFIELD ROAD	ELMHURST	IL	60148	7.62	15	17.25
JUSTICE MEDICAL-SURGICAL CENTER	9050 West 81st Street	Justice	IL	60458	6.71	15	17.25
MacNeal Memorial Hospital	3249 South Oak Park Avenue	Berwyn	IL	60402	4.67	15	17.25
Salt Creek Surgery Center	530 NORTH CASS AVENUE	WESTMONT	IL	60559	5.73	14	16.10
OAK BROOK SURGICAL CENTER, THE	2425 WEST 22ND STREET	OAKBROOK	IL	60523	7.3	14	16.10
LOYOLA UNIVERSITY AMB. SURG. CTR.	2160 SOUTH FIRST AVENUE	MAYWOOD	IL	60153	5.48	13	14.95
CHICAGO PROSTATE CANCER SURGERY CENTER	815 PASQUINELLI DRIVE	WESTMONT	IL	60559	4.8	12	13.80
ELMHURST OUTPATIENT SURGERY CENTER	1200 SOUTH YORK ROAD	ELMHURST	IL	60126	5.87	12	13.80
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	IL	60521	3.69	10	11.50
CHILDREN'S MEM. SPEC. PED.	2301 ENTERPRISE DRIVE	WESTCHESTER	IL	60154	3.78	9	10.35
Eye Surgery Center of Hinsdale	950 North York Road	Hinsdale	IL	60521	3.04	8	9.20
HINSDALE SURGICAL CENTER	908 NORTH ELM STREET	HINSDALE	IL	60521	2.86	8	9.20
LaGrange Memorial Hospital	5101 Gilbert Avenue	LaGrange	IL	60525	2.41	7	8.05



# MAPQUEST.

Notes

## Trip to 7616 N Paulina St

Chicago, IL 60626-1018

29.49 miles - about 49 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 0.5 mi



8. Turn **RIGHT** onto **W FOSTER AVE**.

go 0.1 mi



9. Merge onto **I-94 W / EDENS EXPY W** via the ramp on the **LEFT**.

go 2.3 mi



10. Take **EXIT 39B** toward **EAST TOUHY AVE**.

go 0.3 mi



11. Keep **LEFT** at the fork to go on **IL-50**.

go 0.6 mi





12. IL-50 becomes SKOKIE BLVD / US-41.

go 0.0 mi



13. Turn RIGHT onto W HOWARD ST.

go 3.8 mi



14. Turn LEFT onto N PAULINA ST.

go 0.0 mi



15. 7616 N PAULINA ST is on the LEFT.

go 0.0 mi

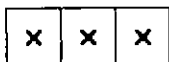


**7616 N Paulina St, Chicago, IL 60626-1018**

**Total Travel Estimate : 29.49 miles - about 49 minutes**

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# MAPQUEST.

Notes

## Trip to 355 Ridge Ave

Evanston, IL 60202-3328

29.20 miles - about 49 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 0.5 mi



8. Turn **RIGHT** onto **W FOSTER AVE**.

go 0.1 mi



9. Merge onto **I-94 W / EDENS EXPY W** via the ramp on the **LEFT**.

go 2.3 mi








10. Take **EXIT 39B** toward **EAST TOUHY AVE**.

go 0.3 mi



11. Keep **LEFT** at the fork to go on **IL-50**.

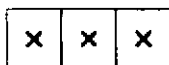
go 0.6 mi

-   12. IL-50 becomes SKOKIE BLVD / US-41. go 0.0 mi
-  13. Turn RIGHT onto W HOWARD ST. go 3.2 mi
-  14. Turn LEFT onto RIDGE AVE. go 0.3 mi
-  15. 355 RIDGE AVE is on the RIGHT. go 0.0 mi

 **355 Ridge Ave, Evanston, IL 60202-3328**  
Total Travel Estimate : 29.20 miles - about 49 minutes

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# MAPQUEST.

Notes

## Trip to 333 Madison St

Joliet, IL 60435-8200

33.30 miles - about 47 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 3.7 mi



2. Merge onto **I-55 S** toward **I-294-TOLL N / ST LOUIS**.

go 26.1 mi



3. Take the **US-52** exit, **EXIT 253**, toward **SHOREWOOD / JOLIET**.

go 0.2 mi



4. Turn **LEFT** onto **US-52 / W JEFFERSON ST**.

go 2.7 mi



5. Turn **LEFT** onto **SPRINGFIELD AVE**.

go 0.2 mi



6. Turn **RIGHT** onto **W ONEIDA ST**.

go 0.2 mi



7. Turn **LEFT** onto **MADISON ST**.

go 0.2 mi



8. **333 MADISON ST** is on the **LEFT**.

go 0.0 mi

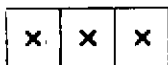


### 333 Madison St, Joliet, IL 60435-8200

Total Travel Estimate : 33.30 miles - about 47 minutes

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# MAPQUEST.

Notes

















## Trip to 7200 N Western Ave

Chicago, IL 60645-1812

28.12 miles - about 47 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|       | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 12.6 mi |
|   | 4. Merge onto <b>I-90 E</b> toward <b>KENNEDY EXPY / CHICAGO</b> (Portions toll).   | go 6.5 mi  |
|    | 5. Take the <b>LAWRENCE AVE</b> exit, <b>EXIT 84</b> .  | go 0.2 mi  |
|    | 6. Turn <b>SLIGHT LEFT</b> onto <b>W LAWRENCE AVE</b> .   | go 0.5 mi  |
|   | 7. Turn <b>LEFT</b> onto <b>N CICERO AVE / IL-50</b> .  | go 0.5 mi  |
|    | 8. Turn <b>RIGHT</b> onto <b>W FOSTER AVE</b> .   | go 0.1 mi  |
|   | 9. Merge onto <b>I-94 W / EDENS EXPY W</b> via the ramp on the <b>LEFT</b> .  | go 2.3 mi  |
|    | 10. Take <b>EXIT 39B</b> toward <b>EAST TOUHY AVE</b> .   | go 0.3 mi  |
|   | 11. Keep <b>LEFT</b> at the fork to go on <b>N CICERO AVE / IL-50</b> .   | go 0.1 mi  |

0385

ATTACHMENT

27



12. Turn **RIGHT** onto **W TOUHY AVE.**

go 3.0 mi



13. Turn **LEFT** onto **N WESTERN AVE.**

go 0.0 mi



14. **7200 N WESTERN AVE** is on the **LEFT.**

go 0.0 mi

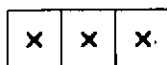


**7200 N Western Ave, Chicago, IL 60645-1812**

**Total Travel Estimate : 28.12 miles - about 47 minutes**

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# MAPQUEST.

Notes

## Trip to 100 5th St

Oswego, IL 60543-8338

30.73 miles - about 45 minutes



120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll).

go 16.4 mi



5. Take the **IL-59** exit.

go 0.3 mi



6. Take the ramp toward **NAPERVILLE / PLAINFIELD**.

go 0.0 mi



7. Turn **LEFT** onto **IL-59 S**.

go 3.6 mi



8. Turn **RIGHT** onto **OGDEN AVE / US-34 W**. Continue to follow **US-34 W**.

go 5.0 mi



9. Turn **SLIGHT RIGHT**.

go 0.1 mi



10. Turn **SLIGHT RIGHT** onto **US-30**.

go 1.4 mi



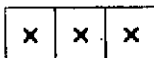
11. Turn **LEFT** onto **5TH ST**.

go 0.2 mi

0387

ATTACHMENT

27



# MAPQUEST.

Notes

## Trip to 2300 W Peterson Ave

Chicago, IL 60659-5203

26.52 miles - about 45 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 1.5 mi



8. Turn **RIGHT** onto **W PETERSON AVE / US-14**.

go 3.1 mi



9. **2300 W PETERSON AVE**.

go 0.0 mi



### 2300 W Peterson Ave, Chicago, IL 60659-5203

Total Travel Estimate : 26.52 miles - about 45 minutes

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# MAPQUEST.

Notes
















## Trip to 4 E 14th St

Chicago Heights, IL 60411

28.55 miles - about 44 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S</b> toward <b>W OGDEN AVE / US-34</b> . | go 5.3 mi  |
|       | 2. Merge onto <b>I-294 S</b> via the ramp on the <b>LEFT</b> toward <b>INDIANA</b> (Portions toll).   | go 15.0 mi |
|    | 3. Merge onto <b>I-294 EXPY S</b> (Portions toll).  | go 0.6 mi  |
|       | 4. <b>I-294 EXPY S</b> becomes <b>I-294 S</b> (Portions toll).  | go 2.1 mi  |
|   | 5. Merge onto <b>IL-1 S</b> .   | go 4.8 mi  |
|   | 6. Turn <b>RIGHT</b> onto <b>IL-1 / ROUTE 1 CUTOFF</b> .  | go 0.4 mi  |
|   | 7. Turn <b>LEFT</b> onto <b>CHICAGO RD / IL-1</b> .   | go 0.4 mi  |
|   | 8. Turn <b>LEFT</b> onto <b>E 14TH ST / E LINCOLN HWY / US-30</b> .   | go 0.0 mi  |
|    | 9. <b>4 E 14TH ST</b> .   | go 0.0 mi  |



### 4 E 14th St, Chicago Heights, IL 60411

Total Travel Estimate : 28.55 miles - about 44 minutes

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# MAPQUEST.

Notes

## Trip to 333 Dixie Hwy

Chicago Heights, IL 60411-1748  
25.79 miles - about 43 minutes

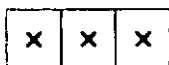
### 120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going SOUTH on N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S toward W OGDEN AVE / US-34. | go 5.3 mi  |
|    | 2. Merge onto I-294 S via the ramp on the LEFT toward INDIANA (Portions toll).  | go 15.0 mi |
|    | 3. Merge onto I-294 EXPY S (Portions toll).   | go 0.6 mi  |
|   | 4. I-294 EXPY S becomes I-294 S (Portions toll).  | go 0.3 mi  |
|  | 5. Merge onto I-80 E toward DIXIE HWY.  | go 0.6 mi  |
|  | 6. Take the DIXIE HWY exit.   | go 0.2 mi  |
|  | 7. Turn RIGHT onto DIXIE HWY.   | go 0.9 mi  |
|  | 8. Turn LEFT to stay on DIXIE HWY.  | go 2.9 mi  |
|  | 9. 333 DIXIE HWY is on the LEFT.  | go 0.0 mi  |

### 333 Dixie Hwy, Chicago Heights, IL 60411-1748 Total Travel Estimate : 25.79 miles - about 43 minutes

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# MAPQUEST.

Notes

## Trip to 9600 Gross Point Rd

Skokie, IL 60076-1214

26.58 miles - about 43 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 16.7 mi



4. Merge onto **DEMPSTER ST / US-14 E**.

go 1.5 mi



5. Turn **LEFT** onto **N GREENWOOD AVE**.

go 1.0 mi



6. Turn **RIGHT** onto **W GOLF RD / IL-58**. Continue to follow **W GOLF RD**.

go 5.2 mi



7. **9600 GROSS POINT RD**.

go 0.0 mi

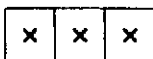


### 9600 Gross Point Rd, Skokie, IL 60076-1214

Total Travel Estimate : 26.58 miles - about 43 minutes

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# MAPQUEST.

Notes

## Trip to 5025 N Paulina St

Chicago, IL 60640-2772

23.43 miles - about 43 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 3.5 mi



4. Take the **ARMITAGE AVE** exit, **EXIT 48A**.

go 0.2 mi



5. Turn **SHARP RIGHT** onto **W ARMITAGE AVE**.

go 0.0 mi



6. Turn **LEFT** onto **N ASHLAND AVE**.

go 3.8 mi



7. Turn **LEFT** onto **W WINNEMAC AVE**.

go 0.0 mi



8. Turn **LEFT** onto **N PAULINA ST**.

go 0.0 mi



9. **5025 N PAULINA ST** is on the **LEFT**.

go 0.0 mi

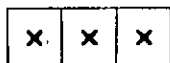


### 5025 N Paulina St, Chicago, IL 60640-2772

Total Travel Estimate : 23.43 miles - about 43 minutes

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# MAPQUEST.

Notes

## Trip to 1700 E West Rd

Calumet City, IL 60409-5415

28.95 miles - about 42 minutes



120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 15.0 mi



3. Merge onto **I-294 EXPY S** (Portions toll).

go 0.6 mi



4. **I-294 EXPY S** becomes **I-294 S** (Portions toll).

go 4.9 mi



5. Take the **IL-394 S** exit toward **I-94 W / CHICAGO / DANVILLE**.

go 0.3 mi



6. Take the **I-94 W** exit on the **LEFT** toward **CHICAGO**.

go 0.6 mi



7. Merge onto **IL-394 N / BISHOP FORD FWY**.

go 0.5 mi



8. **IL-394 N / BISHOP FORD FWY** becomes **I-94 W / BISHOP FORD FWY**.

go 0.5 mi



9. Merge onto **US-6 E / 159TH ST** via **EXIT 73B**.

go 1.2 mi



10. Turn **RIGHT** onto **RING RD**.

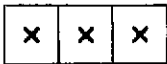
go 0.1 mi



11. **1700 E WEST RD**.

go 0.0 mi

0393



# MAPQUEST.

Notes

## Trip to 10547 S Ewing Ave

Chicago, IL 60617-6220

27.38 miles - about 42 minutes



120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going SOUTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward W OGDEN AVE / US-34. | go 0.0 mi  |
|  | 2. Turn LEFT onto E OGDEN AVE / US-34.  | go 1.9 mi  |
|  | 3. Turn RIGHT onto 1ST AVE / IL-171. Continue to follow IL-171 S.   | go 1.6 mi  |
|  | 4. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO.   | go 10.1 mi |
|  | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E via EXIT 292B toward INDIANA.   | go 0.8 mi  |
|  | 6. Keep LEFT to take DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E toward GARFIELD BLVD.                      | go 3.9 mi  |
|  | 7. Merge onto I-90 E toward SKYWAY / INDIANA TOLL RD (Portions toll).   | go 8.0 mi  |
|  | 8. Take the US-12 / US-20 / US-41 exit toward INDIANAPOLIS BLVD.  | go 0.3 mi  |
|  | 9. Turn SLIGHT LEFT onto S INDIANAPOLIS AVE / US-12 E / US-20 E / US-41 S / ULYSSES S GRANT MEMORIAL HWY.                     | go 0.2 mi  |
|  | 10. Turn RIGHT onto S AVENUE B.   | go 0.1 mi  |
|  | 11. Turn RIGHT onto E 106TH ST.   | go 0.5 mi  |



12. Turn **RIGHT** onto **S EWING AVE.**

go 0.0 mi



13. **10547 S EWING AVE** is on the **RIGHT.**

go 0.0 mi

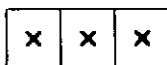


**10547 S Ewing Ave, Chicago, IL 60617-6220**

**Total Travel Estimate : 27.38 miles - about 42 minutes**

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# MAPQUEST.

Notes

## Trip to 20201 Crawford Ave

Olympia Fields, IL 60461-1010

29.40 miles - about 42 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 15.5 mi



3. Merge onto **I-80 W** toward **I-57 S / IOWA**.

go 3.5 mi



4. Merge onto **I-57 S** via **EXIT 151A** on the **LEFT** toward **MEMPHIS**.

go 2.9 mi



5. Take the **EAST VOLLMER RD** exit, **EXIT 342A**.

go 0.3 mi



6. Merge onto **VOLLMER RD**.

go 1.5 mi



7. Turn **RIGHT** onto **CRAWFORD AVE / PULASKI RD**.

go 0.4 mi



8. **20201 CRAWFORD AVE**.

go 0.0 mi



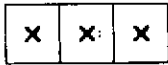
### 20201 Crawford Ave, Olympia Fields, IL 60461-1010

Total Travel Estimate : 29.40 miles - about 42 minutes

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Notes

**MAPQUEST.****Trip to 3725 W Touhy Ave**

Lincolnwood, IL 60712-2603

**26.45 miles - about 42 minutes****120 N la Grange Rd, La Grange, IL 60525-2040**

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 12.6 mi |
|  | 4. Merge onto <b>I-90 E</b> toward <b>KENNEDY EXPY / CHICAGO</b> (Portions toll).   | go 6.5 mi  |
|  | 5. Take the <b>LAWRENCE AVE</b> exit, <b>EXIT 84</b> .  | go 0.2 mi  |
|  | 6. Turn <b>SLIGHT LEFT</b> onto <b>W LAWRENCE AVE</b> .   | go 0.5 mi  |
|  | 7. Turn <b>LEFT</b> onto <b>N CICERO AVE / IL-50</b> .  | go 0.5 mi  |
|  | 8. Turn <b>RIGHT</b> onto <b>W FOSTER AVE</b> .   | go 0.1 mi  |
|  | 9. Merge onto <b>I-94 W / EDENS EXPY W</b> via the ramp on the <b>LEFT</b> .  | go 2.3 mi  |
|  | 10. Take <b>EXIT 39B</b> toward <b>EAST TOUHY AVE</b> .   | go 0.3 mi  |
|  | 11. Keep <b>LEFT</b> at the fork to go on <b>N CICERO AVE / IL-50</b> .   | go 0.1 mi  |



12. Turn **RIGHT** onto **W TOUHY AVE.**

go 1.3 mi



13. **3725 W TOUHY AVE** is on the **RIGHT.**

go 0.0 mi

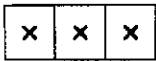


**3725 W Touhy Ave, Lincolnwood, IL 60712-2603**

**Total Travel Estimate : 26.45 miles - about 42 minutes**

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# MAPQUEST.

Notes

## Trip to 3034 W Peterson Ave

Chicago, IL 60659-3729

25.58 miles - about 42 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 1.5 mi



8. Turn **RIGHT** onto **W PETERSON AVE / US-14**.

go 2.2 mi



9. **3034 W PETERSON AVE** is on the **LEFT**.

go 0.0 mi



### 3034 W Peterson Ave, Chicago, IL 60659-3729

Total Travel Estimate : 25.58 miles - about 42 minutes

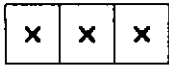
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ATTACHMENT

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# MAPQUEST.

Notes

## Trip to 850 W Irving Park Rd

Chicago, IL 60613-3077

22.91 miles - about 42 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 3.5 mi



4. Take the **ARMITAGE AVE** exit, **EXIT 48A**.

go 0.2 mi



5. Turn **SHARP RIGHT** onto **W ARMITAGE AVE**.

go 0.0 mi



6. Turn **LEFT** onto **N ASHLAND AVE**.

go 2.5 mi



7. Turn **RIGHT** onto **W IRVING PARK RD / IL-19**.

go 0.9 mi



8. **850 W IRVING PARK RD** is on the **LEFT**.

go 0.0 mi

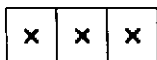


### 850 W Irving Park Rd, Chicago, IL 60613-3077

Total Travel Estimate : 22.91 miles - about 42 minutes

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# MAPQUEST.














Notes

## Trip to 4646 N Marine Dr

Chicago, IL 60640-5759

24.55 miles - about 42 minutes

### 120 N la Grange Rd, La Grange, IL 60525-2040

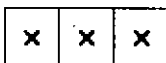
- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|       | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|       | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 11.9 mi |
|   | 5. Merge onto <b>S LAKE SHORE DR / US-41 N</b> via the exit on the <b>LEFT</b> .  | go 8.8 mi  |
|    | 6. Take the <b>WILSON AVE</b> ramp.   | go 0.1 mi  |
|    | 7. Turn <b>LEFT</b> onto <b>W WILSON AVE</b> .  | go 0.1 mi  |
|    | 8. Turn <b>RIGHT</b> onto <b>N MARINE DR</b> .  | go 0.0 mi  |
|    | 9. <b>4646 N MARINE DR</b> is on the <b>LEFT</b> .  | go 0.0 mi  |

### 4646 N Marine Dr, Chicago, IL 60640-5759

Total Travel Estimate : 24.55 miles - about 42 minutes

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# MAPQUEST.

Notes

## Trip to 45 W 111th St

Chicago, IL 60628-4200

25.68 miles - about 41 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|  | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|  | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 10.1 mi |
|  | 5. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> via <b>EXIT 292B</b> toward <b>INDIANA</b> .   | go 0.8 mi  |
|  | 6. Keep <b>LEFT</b> to take <b>DAN RYAN EXPRESS LN E / I-94 EXPRESS LN E</b> toward <b>GARFIELD BLVD</b> .  | go 5.5 mi  |
|  | 7. <b>DAN RYAN EXPRESS LN E / I-94 EXPRESS LN E</b> becomes <b>I-94 E / DAN RYAN EXPY E</b> .   | go 3.4 mi  |
|  | 8. Take the <b>I-57 S</b> exit, <b>EXIT 63</b> , toward <b>MEMPHIS</b> .  | go 0.0 mi  |
|  | 9. Take the exit toward <b>WENTWORTH AVE</b> .  | go 0.2 mi  |
|  | 10. Turn <b>SLIGHT LEFT</b> onto <b>S LAFAYETTE AVE</b> .   | go 0.0 mi  |
|  | 11. Turn <b>LEFT</b> onto <b>S WENTWORTH AVE</b> .  | go 0.6 mi  |



12. Turn **LEFT** onto **W 103RD ST.**

go 0.3 mi



13. Turn **RIGHT** onto **S STATE ST.**

go 1.0 mi



14. Turn **RIGHT** onto **W 111TH ST.**

go 0.1 mi



15. **45 W 111TH ST** is on the **LEFT.**

go 0.0 mi

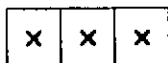


**45 W 111th St, Chicago, IL 60628-4200**

**Total Travel Estimate : 25.68 miles - about 41 minutes**

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# MAPQUEST.

Notes

## Trip to 8012 S Crandon Ave

Chicago, IL 60617-1124

23.45 miles - about 41 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 11.9 mi



5. Merge onto **US-41 S**.

go 5.8 mi



6. Turn **LEFT** onto **E MARQUETTE DR / US-41**. Continue to follow **US-41**.

go 1.0 mi



7. Stay **STRAIGHT** to go onto **S YATES BLVD**.

go 1.0 mi



8. Turn **RIGHT** onto **E 79TH ST**.

go 0.1 mi



9. Turn **LEFT** onto **S CRANDON AVE**.

go 0.1 mi



10. **8012 S CRANDON AVE** is on the **RIGHT**.

go 0.0 mi



### 8012 S Crandon Ave, Chicago, IL 60617-1124

Total Travel Estimate : 23.45 miles - about 41 minutes

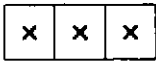
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ATTACHMENT

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# MAPQUEST.

Notes

## Trip to 1221 N Highland Ave

Aurora, IL 60506-1404

29.00 miles - about 41 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll).

go 23.2 mi



5. Take the **IL-31** exit toward **AURORA / BATAVIA**.

go 0.6 mi



6. Turn **RIGHT** onto **S LINCOLNWAY / IL-31**. Continue to follow **IL-31**.

go 0.9 mi



7. Turn **RIGHT** onto **W INDIAN TRL / W NEW INDIAN TRL**. Continue to follow **W INDIAN TRL**.

go 0.6 mi



8. Turn **RIGHT** onto **N HIGHLAND AVE**.

go 0.0 mi



9. **1221 N HIGHLAND AVE** is on the **RIGHT**.

go 0.0 mi

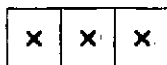


### 1221 N Highland Ave, Aurora, IL 60506-1404

Total Travel Estimate : 29.00 miles - about 41 minutes

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# MAPQUEST.

Notes

## Trip to 2111 Ogden Ave

Aurora, IL 60504-7597

27.54 miles - about 40 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going SOUTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward E OGDEN AVE / US-34. | go 0.0 mi  |
|  | 2. Turn RIGHT onto W OGDEN AVE / US-34.   | go 2.1 mi  |
|  | 3. Merge onto I-294 N toward WISCONSIN (Portions toll).   | go 1.5 mi  |
|  | 4. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY toward AURORA (Portions toll).  | go 16.4 mi |
|  | 5. Take the IL-59 exit.   | go 0.3 mi  |
|  | 6. Take the ramp toward NAPERVILLE / PLAINFIELD.  | go 0.0 mi  |
|  | 7. Turn LEFT onto IL-59 S.  | go 3.6 mi  |
|  | 8. Turn RIGHT onto OGDEN AVE / US-34 W.   | go 3.5 mi  |
|  | 9. Make a U-TURN at RIDGE AVE onto OGDEN AVE / US-34 E.   | go 0.0 mi  |
|  | 10. 2111 OGDEN AVE is on the RIGHT.   | go 0.0 mi  |



### 2111 Ogden Ave, Aurora, IL 60504-7597

Total Travel Estimate : 27.54 miles - about 40 minutes

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# MAPQUEST.

Notes

## Trip to 24600 W 127th St

Plainfield, IL 60585-9507

26.16 miles - about 40 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 3.7 mi



2. Merge onto **I-55 S** toward **I-294-TOLL N / ST LOUIS**.

go 17.9 mi



3. Merge onto **IL-126 W / W MAIN ST** via **EXIT 261** toward **PLAINFIELD**.

go 0.5 mi



4. Turn **RIGHT** onto **ESSINGTON RD**.

go 1.4 mi



5. Turn **LEFT** onto **W 127TH ST / REGAN BLVD**. Continue to follow **W 127TH ST**.

go 2.7 mi



6. **24600 W 127TH ST**.

go 0.0 mi

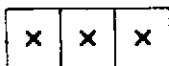


### 24600 W 127th St, Plainfield, IL 60585-9507

**Total Travel Estimate : 26.16 miles - about 40 minutes**

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# MAPQUEST.

Notes

## Trip to 2350 Ravine Way

Glenview, IL 60025-7621

27.15 miles - about 40 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 21.0 mi



4. Take the **WILLOW RD** exit.

go 0.5 mi



5. Take the ramp toward **GLENVIEW / NORTHBROOK**.

go 0.0 mi



6. Merge onto **WILLOW RD**.

go 2.8 mi



7. Turn **RIGHT** onto **RAVINE WAY**.

go 0.6 mi



8. **2350 RAVINE WAY** is on the **RIGHT**.

go 0.0 mi

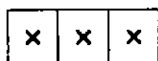


### 2350 Ravine Way, Glenview, IL 60025-7621

Total Travel Estimate : 27.15 miles - about 40 minutes

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# MAPQUEST.

Notes

## Trip to 2000 Ogden Ave

Aurora, IL 60504-7222

27.78 miles - about 40 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 1.5 mi  |
|  | 4. Merge onto <b>I-88 W / RONALD REAGAN MEMORIAL TOLLWAY</b> toward <b>AURORA</b> (Portions toll).  | go 16.4 mi |
|  | 5. Take the <b>IL-59</b> exit.  | go 0.3 mi  |
|  | 6. Take the ramp toward <b>NAPERVILLE / PLAINFIELD</b> .  | go 0.0 mi  |
|  | 7. Turn <b>LEFT</b> onto <b>IL-59 S</b> .   | go 3.6 mi  |
|  | 8. Turn <b>RIGHT</b> onto <b>OGDEN AVE / US-34 W</b> .  | go 3.7 mi  |
|  | 9. <b>2000 OGDEN AVE</b> .  | go 0.0 mi  |

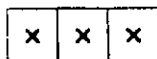


### 2000 Ogden Ave, Aurora, IL 60504-7222

Total Travel Estimate : 27.78 miles - about 40 minutes

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# MAPQUEST.

Notes










## Trip to 1325 N Highland Ave

Aurora, IL 60506-1449

28.37 miles - about 40 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going SOUTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward E OGDEN AVE / US-34. | go 0.0 mi  |
|    | 2. Turn RIGHT onto W OGDEN AVE / US-34.   | go 2.1 mi  |
|    | 3. Merge onto I-294 N toward WISCONSIN (Portions toll).   | go 1.5 mi  |
|   | 4. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY toward AURORA (Portions toll).  | go 23.2 mi |
|  | 5. Take the IL-31 exit toward AURORA / BATAVIA.   | go 0.6 mi  |
|  | 6. Turn RIGHT onto S LINCOLNWAY / IL-31.  | go 0.3 mi  |
|  | 7. Turn RIGHT onto SULLIVAN RD.   | go 0.4 mi  |
|  | 8. Turn LEFT onto N HIGHLAND AVE.   | go 0.1 mi  |
|  | 9. 1325 N HIGHLAND AVE is on the LEFT.  | go 0.0 mi  |

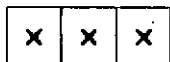


### 1325 N Highland Ave, Aurora, IL 60506-1449

Total Travel Estimate : 28.37 miles - about 40 minutes

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# MAPQUEST.

Notes

















## Trip to 2320 E 93rd St

Chicago, IL 60617-3983

25.19 miles - about 39 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|       | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|   | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 10.1 mi |
|   | 5. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> via <b>EXIT 292B</b> toward <b>INDIANA</b> .   | go 0.8 mi  |
|    | 6. Keep <b>LEFT</b> to take <b>DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E</b> toward <b>GARFIELD BLVD</b> .                      | go 3.9 mi  |
|   | 7. Merge onto <b>I-90 E</b> toward <b>SKYWAY / INDIANA TOLL RD</b> (Portions toll).   | go 5.9 mi  |
|    | 8. Take the <b>ANTHONY AVENUE</b> exit toward <b>92ND STREET</b> .  | go 0.2 mi  |
|    | 9. Turn <b>SHARP RIGHT</b> onto <b>S ANTHONY AVE</b> .  | go 0.0 mi  |
|    | 10. Turn <b>SHARP LEFT</b> onto <b>S MARQUETTE AVE</b> .  | go 0.2 mi  |
|    | 11. Turn <b>RIGHT</b> onto <b>E 93RD ST</b> .   | go 0.5 mi  |

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ATTACHMENT

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12. 2320 E 93RD ST is on the RIGHT.

go 0.0 mi



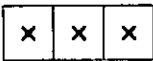
**2320 E 93rd St, Chicago, IL 60617-3983**

**Total Travel Estimate : 25.19 miles - about 39 minutes**

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# MAPQUEST.

Notes

## Trip to 2551 Compass Rd

Glenview, IL 60026-8045

26.66 miles - about 39 minutes

### 120 N la Grange Rd, La Grange, IL 60525-2040

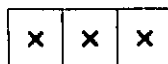
- 1. Start out going SOUTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward E OGDEN AVE / US-34. go 0.0 mi
- 2. Turn RIGHT onto W OGDEN AVE / US-34. go 2.1 mi
- 3. Merge onto I-294 N toward WISCONSIN (Portions toll). go 21.0 mi
- 4. Take the WILLOW RD exit. go 0.5 mi
- 5. Take the ramp toward GLENVIEW / NORTHBROOK. go 0.0 mi
- 6. Merge onto WILLOW RD. go 2.2 mi
- 7. Turn RIGHT onto PATRIOT BLVD. go 0.5 mi
- 8. Turn LEFT onto COMPASS RD. go 0.2 mi
- 9. 2551 COMPASS RD is on the RIGHT. go 0.0 mi

### 2551 Compass Rd, Glenview, IL 60026-8045

Total Travel Estimate : 26.66 miles - about 39 minutes

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# MAPQUEST.

Notes

## Trip to 2900 N Lake Shore Dr

Chicago, IL 60657-5640

22.29 miles - about 39 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 11.9 mi



5. Merge onto **S LAKE SHORE DR / US-41 N** via the exit on the **LEFT**.

go 5.9 mi



6. Take the **FULLERTON PKWY** ramp.

go 0.1 mi



7. Turn **LEFT** onto **W FULLERTON PKWY**.

go 0.2 mi



8. Turn **RIGHT** onto **N CANNON DR**.

go 0.4 mi



9. Turn **SLIGHT RIGHT** onto **N LAKE SHORE DR W / N LAKE SHORE DR**.

go 0.3 mi



10. **2900 N LAKE SHORE DR** is on the **LEFT**.

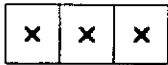
go 0.0 mi



### 2900 N Lake Shore Dr, Chicago, IL 60657-5640

Total Travel Estimate : 22.29 miles - about 39 minutes

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# MAPQUEST.

Notes














## Trip to 7531 S Stony Island Ave

Chicago, IL 60649-3954

22.97 miles - about 38 minutes



120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|       | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|   | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 10.1 mi |
|   | 5. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> via <b>EXIT 292B</b> toward <b>INDIANA</b> .   | go 0.8 mi  |
|    | 6. Keep <b>LEFT</b> to take <b>DAN RYAN EXPRESS LN E / I-94 EXPRESS LN E</b> toward <b>GARFIELD BLVD</b> .  | go 5.5 mi  |
|   | 7. <b>DAN RYAN EXPRESS LN E / I-94 EXPRESS LN E</b> becomes <b>I-94 E / DAN RYAN EXPY E</b> .   | go 0.3 mi  |
|    | 8. Take <b>EXIT 60A</b> toward <b>75TH ST</b> .   | go 0.2 mi  |
|    | 9. Keep <b>RIGHT</b> at the fork in the ramp.   | go 0.1 mi  |
|    | 10. Turn <b>SLIGHT LEFT</b> onto <b>S LAFAYETTE AVE</b> .   | go 0.1 mi  |
|    | 11. Turn <b>LEFT</b> onto <b>W 75TH ST</b> .  | go 2.1 mi  |

0415

ATTACHMENT

27



12. Turn **RIGHT** onto **S STONY ISLAND AVE.**

go 0.0 mi



13. Make a **U-TURN** onto **S STONY ISLAND AVE.**

go 0.1 mi



14. **7531 S STONY ISLAND AVE** is on the **RIGHT.**

go 0.0 mi

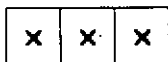


**7531 S Stony Island Ave, Chicago, IL 60649-3954**

**Total Travel Estimate : 22.97 miles - about 38 minutes**

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# MAPQUEST.

Notes

## Trip to 836 W Wellington Ave

Chicago, IL 60657-5147

21.54 miles - about 38 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 3.5 mi



4. Take the **ARMITAGE AVE** exit, **EXIT 48A**.

go 0.2 mi



5. Turn **SHARP RIGHT** onto **W ARMITAGE AVE**.

go 0.0 mi



6. Turn **LEFT** onto **N ASHLAND AVE**.

go 1.0 mi



7. Turn **RIGHT** onto **W DIVERSEY PKWY**.

go 0.5 mi



8. Turn **LEFT** onto **N RACINE AVE**.

go 0.3 mi



9. Turn **RIGHT** onto **W WELLINGTON AVE**.

go 0.3 mi



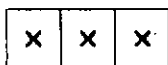
10. **836 W WELLINGTON AVE**.

go 0.0 mi



**836 W Wellington Ave, Chicago, IL 60657-5147**

Total Travel Estimate : 21.54 miles - about 38 minutes



# MAPQUEST.

Notes

## Trip to 17800 Kedzie Ave

Hazel Crest, IL 60429-2029

22.83 miles - about 37 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 14.1 mi



3. Merge onto **W 159TH ST / US-6 W**.

go 1.1 mi



4. Turn **LEFT** onto **KEDZIE AVE**.

go 2.4 mi



5. **17800 KEDZIE AVE**.

go 0.0 mi

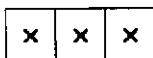


### 17800 Kedzie Ave, Hazel Crest, IL 60429-2029

Total Travel Estimate : 22.83 miles - about 37 minutes

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# MAPQUEST.

Notes

## Trip to 2300 N Childrens Plz

Chicago, IL 60614-3363

20.80 miles - about 37 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 2.9 mi



4. Take the **IL-64 / NORTH AVE** exit, **EXIT 48B**.

go 0.2 mi



5. Turn **RIGHT** onto **IL-64 / W NORTH AVE**.

go 0.8 mi



6. Turn **LEFT** onto **N HALSTED ST**.

go 1.0 mi



7. Turn **RIGHT** onto **W FULLERTON PKWY**.

go 0.0 mi



8. Turn **RIGHT** onto **N CHILDRENS PLZ**.

go 0.0 mi



9. **2300 N CHILDRENS PLZ** is on the **RIGHT**.

go 0.0 mi

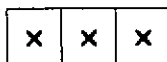


### 2300 N Childrens Plz, Chicago, IL 60614-3363

Total Travel Estimate : 20.80 miles - about 37 minutes

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# MAPQUEST.

Notes
















## Trip to 1100 W Central Rd

Arlington Heights, IL 60005-2402

25.40 miles - about 37 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|       | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 12.6 mi |
|   | 4. Merge onto <b>I-90 W / JANE ADDAMS MEMORIAL TOLLWAY</b> toward <b>ROCKFORD</b> (Portions toll).  | go 7.6 mi  |
|    | 5. Take the <b>ARLINGTON HTS ROAD</b> exit.   | go 0.4 mi  |
|    | 6. Take the ramp toward <b>ARLINGTON HTS</b> .  | go 0.0 mi  |
|    | 7. Merge onto <b>S ARLINGTON HEIGHTS RD</b> .   | go 0.1 mi  |
|   | 8. Turn <b>LEFT</b> onto <b>W ALGONQUIN RD / IL-62</b> .  | go 1.4 mi  |
|    | 9. Turn <b>RIGHT</b> onto <b>S NEW WILKE RD</b> .   | go 0.7 mi  |
|    | 10. Turn <b>RIGHT</b> onto <b>W CENTRAL RD</b> .  | go 0.4 mi  |
|    | 11. <b>1100 W CENTRAL RD</b> is on the <b>LEFT</b> .  | go 0.0 mi  |



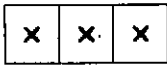


**1100 W Central Rd, Arlington Heights, IL 60005-2402**

**Total Travel Estimate : 25.40 miles - about 37 minutes**

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# MAPQUEST.

Notes














## Trip to 675 W Kirchhoff Rd

Arlington Heights, IL 60005-2371

25.12 miles - about 37 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**

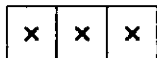
- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|       | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 12.6 mi |
|   | 4. Merge onto <b>I-90 W / JANE ADDAMS MEMORIAL TOLLWAY</b> toward <b>ROCKFORD</b> (Portions toll).  | go 7.6 mi  |
|    | 5. Take the <b>ARLINGTON HTS ROAD</b> exit.   | go 0.4 mi  |
|    | 6. Take the ramp toward <b>ARLINGTON HTS</b> .  | go 0.0 mi  |
|    | 7. Merge onto <b>S ARLINGTON HEIGHTS RD</b> .   | go 1.7 mi  |
|    | 8. Turn <b>LEFT</b> onto <b>E CENTRAL RD</b> .  | go 0.1 mi  |
|    | 9. Turn <b>SLIGHT RIGHT</b> onto <b>W KIRCHHOFF RD</b> .  | go 0.5 mi  |
|    | 10. <b>675 W KIRCHHOFF RD</b> is on the <b>LEFT</b> .   | go 0.0 mi  |



**675 W Kirchhoff Rd, Arlington Heights, IL 60005-2371**

**Total Travel Estimate : 25.12 miles - about 37 minutes**

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# MAPQUEST.

Notes

## Trip to 800 W Central Rd

Arlington Heights, IL 60005-2349

25.06 miles - about 37 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** toward **ROCKFORD** (Portions toll).

go 7.6 mi



5. Take the **ARLINGTON HTS ROAD** exit.

go 0.4 mi



6. Take the ramp toward **ARLINGTON HTS**.

go 0.0 mi



7. Merge onto **S ARLINGTON HEIGHTS RD**.

go 1.7 mi



8. Turn **LEFT** onto **E CENTRAL RD**.

go 0.6 mi



9. **800 W CENTRAL RD**.

go 0.0 mi

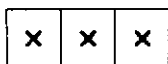


### 800 W Central Rd, Arlington Heights, IL 60005-2349

Total Travel Estimate : 25.06 miles - about 37 minutes

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# MAPQUEST.

Notes

## Trip to 2100 Pfingsten Rd

Glenview, IL 60026-1301  
25.65 miles - about 37 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 21.0 mi |
|  | 4. Take the <b>WILLOW RD</b> exit.  | go 0.5 mi  |
|  | 5. Take the ramp toward <b>GLENVIEW / NORTHBROOK</b> .  | go 0.0 mi  |
|  | 6. Merge onto <b>WILLOW RD</b> .  | go 0.9 mi  |
|  | 7. Turn <b>RIGHT</b> onto <b>PFINGSTEN RD</b> .   | go 1.0 mi  |
|  | 8. <b>2100 PFINGSTEN RD</b> is on the <b>RIGHT</b> .  | go 0.0 mi  |

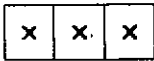


### 2100 Pfingsten Rd, Glenview, IL 60026-1301

Total Travel Estimate : 25.65 miles - about 37 minutes

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# MAPQUEST.

Notes

## Trip to Maple Rd & N Clinton St

New Lenox, IL 60451

25.35 miles - about 36 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 3.7 mi  |
|  | 2. Merge onto <b>I-55 S</b> toward <b>I-294-TOLL N / ST LOUIS</b> .   | go 9.0 mi  |
|  | 3. Take the <b>I-355 / NORTHWEST SUBURBS</b> exit, <b>EXIT 269</b> , toward <b>SOUTHWEST SUBURBS</b> .  | go 0.3 mi  |
|  | 4. Take the <b>SOUTH JOLIET ROAD</b> exit.  | go 0.0 mi  |
|  | 5. Merge onto <b>I-355 S / VETERANS MEMORIAL TOLLWAY</b> via the exit on the <b>LEFT</b> toward <b>SOUTHWEST SUBURBS</b> (Portions toll).           | go 11.6 mi |
|  | 6. Take the <b>US-6 / SOUTHWEST HWY</b> exit.   | go 0.4 mi  |
|  | 7. Take the ramp toward <b>JOLIET</b> .   | go 0.0 mi  |
|  | 8. Turn <b>RIGHT</b> onto <b>W MAPLE RD / MAPLE RD / SOUTHWEST HWY / US-6 W</b> .   | go 0.3 mi  |
|  | 9. <b>MAPLE RD &amp; N CLINTON ST</b> .   | go 0.0 mi  |



### Maple Rd & N Clinton St, New Lenox, IL 60451

Total Travel Estimate : 25.35 miles - about 36 minutes

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# MAPQUEST.

Notes

## Trip to 9000 Waukegan Rd

Morton Grove, IL 60053-2127  
22.82 miles - about 36 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 16.7 mi



4. Merge onto **US-14 E**.

go 3.7 mi



5. Turn **LEFT** onto **WAUKEGAN RD / IL-43 / IL-58**.

go 0.3 mi



6. **9000 WAUKEGAN RD** is on the **LEFT**.

go 0.0 mi

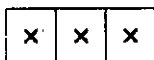


### 9000 Waukegan Rd, Morton Grove, IL 60053-2127

Total Travel Estimate : 22.82 miles - about 36 minutes

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# MAPQUEST.

Notes

## Trip to 3412 W Fullerton Ave

Chicago, IL 60647-2416

17.06 miles - about 35 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 9.3 mi



3. Take the **SACRAMENTO BLVD** exit, **EXIT 27A**.

go 0.2 mi



4. Turn **LEFT** onto **S SACRAMENTO BLVD**.

go 1.7 mi



5. **S SACRAMENTO BLVD** becomes **N HUMBOLDT BLVD**.

go 1.6 mi



6. Turn **LEFT** onto **W PALMER SQ**.

go 0.3 mi



7. Turn **RIGHT** onto **N KEDZIE AVE**.

go 0.2 mi



8. Turn **LEFT** onto **W FULLERTON AVE**.

go 0.3 mi



9. **3412 W FULLERTON AVE** is on the **RIGHT**.

go 0.0 mi

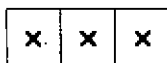


### 3412 W Fullerton Ave, Chicago, IL 60647-2416

Total Travel Estimate : 17.06 miles - about 35 minutes

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# MAPQUEST.

Notes

## Trip to 2800 W 95th St

Evergreen Park, IL 60805-2701

14.84 miles - about 35 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 3.1 mi



3. Take the exit.

go 0.0 mi



4. Merge onto **US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST**.

go 6.4 mi



5. **2800 W 95TH ST**.

go 0.0 mi



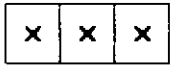
### 2800 W 95th St, Evergreen Park, IL 60805-2701

Total Travel Estimate : 14.84 miles - about 35 minutes

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# MAPQUEST.

Notes


## Trip to 5841 S Maryland Ave

Chicago, IL 60637-1447

20.00 miles - about 35 minutes











120 N la Grange Rd, La Grange, IL 60525-2040


- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|       | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|   | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 10.1 mi |
|   | 5. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> via <b>EXIT 292B</b> toward <b>INDIANA</b> .   | go 0.8 mi  |
|    | 6. Keep <b>LEFT</b> to take <b>DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E</b> toward <b>GARFIELD BLVD</b> .                      | go 2.2 mi  |
|    | 7. Take the <b>I-90-LOCAL / I-94-LOCAL</b> exit.  | go 0.3 mi  |
|   | 8. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> .  | go 0.8 mi  |
|    | 9. Take <b>EXIT 57</b> toward <b>GARFIELD BLVD</b> .  | go 0.2 mi  |
|    | 10. Stay <b>STRAIGHT</b> to go onto <b>S WELLS ST</b> .   | go 0.0 mi  |
|    | 11. Turn <b>LEFT</b> onto <b>W GARFIELD BLVD / W 55TH ST</b> .  | go 0.9 mi  |

0429

ATTACHMENT

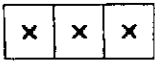
27

- |   |  |           |
|---|--|-----------|
|    | 12. W GARFIELD BLVD / W 55TH ST becomes MORGAN DR. | go 0.2 mi |
|    | 13. Turn SLIGHT LEFT onto RAINEY DR.               | go 0.2 mi |
|    | 14. RAINEY DR becomes PAYNE DR.                    | go 0.0 mi |
|    | 15. Turn RIGHT onto E GARFIELD BLVD / E 55TH ST.   | go 0.0 mi |
|    | 16. Turn RIGHT onto S COTTAGE GROVE AVE.           | go 0.4 mi |
|    | 17. Turn LEFT onto E 58TH ST.                      | go 0.0 mi |
|   | 18. Turn RIGHT onto S MARYLAND AVE.                | go 0.0 mi |
|  | 19. 5841 S MARYLAND AVE is on the LEFT.            | go 0.0 mi |

 **5841 S Maryland Ave, Chicago, IL 60637-1447**  
**Total Travel Estimate : 20.00 miles - about 35 minutes**

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# MAPQUEST.

Notes

## Trip to 3536 W Fullerton Ave

Chicago, IL 60647-2443

17.22 miles - about 35 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |  |           |
|--|--|-----------|
|  | 1. Start out going <b>NORTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>SHAWMUT AVE</b> . Continue to follow <b>US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> . | go 3.5 mi |
|  | 2. Merge onto <b>I-290 E / EISENHOWER EXPY E</b> .   | go 9.3 mi |
|  | 3. Take the <b>SACRAMENTO BLVD</b> exit, <b>EXIT 27A</b> .   | go 0.2 mi |
|  | 4. Turn <b>LEFT</b> onto <b>S SACRAMENTO BLVD</b> .  | go 1.7 mi |
|  | 5. <b>S SACRAMENTO BLVD</b> becomes <b>N HUMBOLDT BLVD</b> .   | go 1.6 mi |
|  | 6. Turn <b>LEFT</b> onto <b>W PALMER SQ</b> .  | go 0.3 mi |
|  | 7. Turn <b>RIGHT</b> onto <b>N KEDZIE AVE</b> .  | go 0.2 mi |
|  | 8. Turn <b>LEFT</b> onto <b>W FULLERTON AVE</b> .  | go 0.4 mi |
|  | 9. <b>3536 W FULLERTON AVE</b> is on the <b>RIGHT</b> .  | go 0.0 mi |

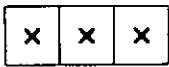


### 3536 W Fullerton Ave, Chicago, IL 60647-2443

Total Travel Estimate : 17.22 miles - about 35 minutes

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# MAPQUEST.

Notes

## Trip to Central Du Page Hospital

25 N Winfield Rd # 500, Winfield, IL 60190 -

(630) 933-1600

20.84 miles - about 35 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll).

go 5.5 mi



5. Take the **HIGHLAND AVE** exit.

go 0.2 mi



6. Take the ramp toward **LOMBARD / CHIROPRACTIC COLLEGE**.

go 0.0 mi



7. Turn **RIGHT** onto **HIGHLAND AVE / CR-9 N**. Continue to follow **HIGHLAND AVE**.

go 0.0 mi



8. Merge onto **BUTTERFIELD RD / IL-56 W** via the ramp on the **LEFT**.

go 8.2 mi



9. Turn **RIGHT** onto **WINFIELD RD / CR-13**. Continue to follow **WINFIELD RD**.

go 3.1 mi



10. **25 N WINFIELD RD # 500**.

go 0.0 mi



**Central Du Page Hospital - (630) 933-1600**

**25 N Winfield Rd # 500, Winfield, IL 60190**

**Total Travel Estimate : 20.84 miles - about 35 minutes**



12. S SCHMALE RD / CR-36 becomes N MAIN ST.

go 0.2 mi



13. 2015 N MAIN ST is on the LEFT.

go 0.0 mi

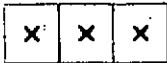


**2015 N Main St, Wheaton, IL 60187-3152**

**Total Travel Estimate : 21.17 miles - about 33 minutes**

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# MAPQUEST.

Notes

## Trip to 5645 W Addison St

Chicago, IL 60634-4403

14.98 miles - about 35 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 6.0 mi



3. Take the **CENTRAL AVE** exit, **EXIT 23B**.

go 0.2 mi



4. Turn **LEFT** onto **S CENTRAL AVE**.

go 5.2 mi



5. Turn **LEFT** onto **W ADDISON ST**.

go 0.0 mi



6. **5645 W ADDISON ST** is on the **LEFT**.

go 0.0 mi

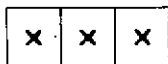


### 5645 W Addison St, Chicago, IL 60634-4403

Total Travel Estimate : 14.98 miles - about 35 minutes

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# MAPQUEST.

Notes

## Trip to 809 S Washington St

Naperville, IL 60540-7430

17.83 miles - about 34 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 1.8 mi



2. Turn **RIGHT** onto **W PLAINFIELD RD**.

go 4.6 mi



3. Turn **LEFT** onto **IL-83 S / KINGERY HWY**.

go 0.6 mi



4. Turn **RIGHT** onto **75TH ST / CR-33 W**.

go 9.6 mi



5. Turn **RIGHT** onto **S WASHINGTON ST**.

go 1.4 mi



6. **809 S WASHINGTON ST** is on the **LEFT**.

go 0.0 mi

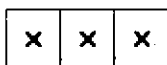


### 809 S Washington St, Naperville, IL 60540-7430

Total Travel Estimate : 17.83 miles - about 34 minutes

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# MAPQUEST.

Notes

## Trip to 1 Ingalls Dr

Harvey, IL 60426-3558

21.57 miles - about 34 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 14.1 mi



3. Take the exit.

go 0.2 mi



4. Merge onto **US-6 / W 159TH ST**.

go 1.6 mi



5. Turn **LEFT** onto **WOOD ST**.

go 0.4 mi



6. Turn **RIGHT** onto **W 156TH ST**.

go 0.0 mi



7. Turn **LEFT** onto **INGALLS DR**.

go 0.0 mi



8. **1 INGALLS DR** is on the **LEFT**.

go 0.0 mi



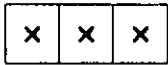
### 1 Ingalls Dr, Harvey, IL 60426-3558

Total Travel Estimate : 21.57 miles - about 34 minutes

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# MAPQUEST.

Notes

## Trip to 4211 N Cicero Ave

Chicago, IL 60641-1651

22.60 miles - about 34 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **RIGHT** onto **N CICERO AVE / IL-50**.

go 0.7 mi



8. **4211 N CICERO AVE** is on the **LEFT**.

go 0.0 mi

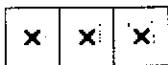


### 4211 N Cicero Ave, Chicago, IL 60641-1651

Total Travel Estimate : 22.60 miles - about 34 minutes

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# MAPQUEST.

Notes

## Trip to 9295 W 191st St

Mokena, IL 60448

19.94 miles - about 33 minutes



120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 19.5 mi



2. Turn **LEFT** onto **191ST ST / CR-84**.

go 0.4 mi



3. **9295 W 191ST ST** is on the **RIGHT**.

go 0.0 mi

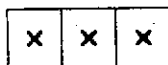


9295 W 191st St, Mokena, IL 60448

Total Travel Estimate : 19.94 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 6701 159th St

Tinley Park, IL 60477-1758

19.06 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 13.4 mi



2. Turn **LEFT** onto **W 143RD ST**.

go 3.0 mi



3. Turn **RIGHT** onto **IL-43 S / S HARLEM AVE**.

go 2.0 mi



4. Turn **LEFT** onto **US-6 / W 159TH ST**.

go 0.5 mi



5. **6701 159TH ST** is on the **RIGHT**.

go 0.0 mi

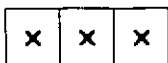


### 6701 159th St, Tinley Park, IL 60477-1758

Total Travel Estimate : 19.06 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 5145 N California Ave

Chicago, IL 60625-3661

24.82 miles - about 42 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 3.0 mi



7. Turn **LEFT** onto **N CALIFORNIA AVE**.

go 0.4 mi



8. **5145 N CALIFORNIA AVE** is on the **RIGHT**.

go 0.0 mi

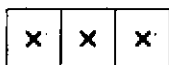


### 5145 N California Ave, Chicago, IL 60625-3661

Total Travel Estimate : 24.82 miles - about 42 minutes

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# MAPQUEST.

Notes

## Trip to 2744 N Western Ave

Chicago, IL 60647-2017

20.74 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 4.3 mi



4. Take the **FULLERTON AVE** exit, **EXIT 47A**, toward **WESTERN AVE**.

go 0.2 mi



5. Keep **LEFT** at the fork in the ramp.

go 0.2 mi



6. Keep **RIGHT** at the fork in the ramp.

go 0.2 mi



7. Turn **SLIGHT RIGHT** onto **N WESTERN AVE**.

go 0.2 mi



8. **2744 N WESTERN AVE** is on the **LEFT**.

go 0.0 mi

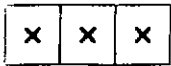


### 2744 N Western Ave, Chicago, IL 60647-2017

Total Travel Estimate : 20.74 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 60 E Delaware Pl

Chicago, IL 60611-1998

19.02 miles - about 33 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 1.5 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 0.8 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



6. Turn **LEFT** onto **N STATE ST**.

go 0.5 mi



7. Turn **RIGHT** onto **E DELAWARE PL**.

go 0.0 mi



8. **60 E DELAWARE PL** is on the **LEFT**.

go 0.0 mi

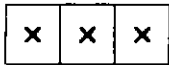


**60 E Delaware Pl, Chicago, IL 60611-1998**

**Total Travel Estimate : 19.02 miles - about 33 minutes**

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# MAPQUEST.

Notes

## Trip to 845 N Michigan Ave

Chicago, IL 60611-2252

19.06 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 1.5 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 0.8 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.7 mi



6. Turn **LEFT** onto **N MICHIGAN AVE**.

go 0.4 mi



7. **845 N MICHIGAN AVE** is on the **RIGHT**.

go 0.0 mi



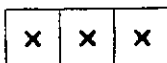
### 845 N Michigan Ave, Chicago, IL 60611-2252

Total Travel Estimate : 19.06 miles - about 33 minutes

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0443



# MAPQUEST.

Notes

## Trip to 15900 Cicero Ave

Oak Forest, IL 60452

18.25 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 8.4 mi



3. Merge onto **IL-50 S / S CICERO AVE**.

go 4.6 mi



4. **15900 CICERO AVE** is on the **LEFT**.

go 0.0 mi



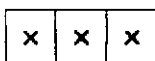
### 15900 Cicero Ave, Oak Forest, IL 60452

Total Travel Estimate : 18.25 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 12935 Gregory St

Blue Island, IL 60406-2428

17.85 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 8.4 mi



3. Take the **127TH ST / IL-83 / IL-50** exit toward **CICERO AVE**.

go 0.5 mi



4. Turn **LEFT** onto **W 127TH ST / IL-83**. Continue to follow **W 127TH ST**.

go 2.0 mi



5. Turn **RIGHT** onto **WIRETON RD**.

go 0.8 mi



6. **WIRETON RD** becomes **VERMONT ST**.

go 0.6 mi



7. Turn **RIGHT** onto **WESTERN AVE**.

go 0.0 mi



8. Turn **SHARP LEFT** onto **GREGORY ST**.

go 0.3 mi



9. **12935 GREGORY ST** is on the **RIGHT**.

go 0.0 mi

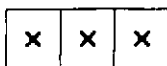


### 12935 Gregory St, Blue Island, IL 60406-2428

Total Travel Estimate : 17.85 miles - about 33 minutes

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# MAPQUEST

Notes

## Trip to 2701 W 68th St

Chicago, IL 60629-1813

14.35 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 4.5 mi



5. Take the **IL-50 / CICERO AVE** exit, **EXIT 286**, toward **CHICAGO MIDWAY AIRPORT**.

go 0.3 mi



6. Turn **RIGHT** onto **IL-50 S / S CICERO AVE**.

go 3.2 mi



7. Turn **LEFT** onto **W 67TH ST / W MARQUETTE RD**.

go 2.6 mi



8. Turn **RIGHT** onto **S WASHTENAW AVE**.

go 0.1 mi



9. Turn **RIGHT** onto **W 68TH ST**.

go 0.0 mi



10. **2701 W 68TH ST** is on the **LEFT**.

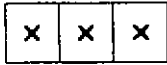
go 0.0 mi



### 2701 W 68th St, Chicago, IL 60629-1813

Total Travel Estimate : 14.35 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 2015 N Main St

Wheaton, IL 60187-3152

21.17 miles - about 33 minutes



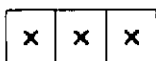
### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |           |
|--|---|-----------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 1.5 mi |
|  | 4. Merge onto <b>I-88 W / RONALD REAGAN MEMORIAL TOLLWAY</b> toward <b>AURORA</b> (Portions toll).  | go 6.6 mi |
|  | 5. Take the exit toward <b>I-355 N / NORTHWEST SUBURBS</b> .  | go 0.6 mi |
|  | 6. Merge onto <b>I-355 N / VETERANS MEMORIAL TOLLWAY</b> via the exit on the <b>LEFT</b> toward <b>NORTHWEST SUBURBS</b> (Portions toll).           | go 5.3 mi |
|  | 7. Take the <b>IL-64 / NORTH AVE</b> exit.  | go 0.3 mi |
|  | 8. Take the ramp toward <b>CAROL STREAM</b> .   | go 0.0 mi |
|  | 9. Turn <b>LEFT</b> onto <b>W NORTH AVE / IL-64 W</b> .   | go 3.3 mi |
|  | 10. Turn <b>SLIGHT LEFT</b> .   | go 0.0 mi |
|  | 11. Turn <b>LEFT</b> onto <b>S SCHMALE RD / CR-36</b> .   | go 1.0 mi |

0447

ATTACHMENT

27



# MAPQUEST.














Notes

## Trip to 515 W Algonquin Rd

Arlington Heights, IL 60005-4439  
23.27 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |            |
|---|---|------------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|       | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|       | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 12.6 mi |
|     | 4. Merge onto <b>I-90 W / JANE ADDAMS MEMORIAL TOLLWAY</b> toward <b>ROCKFORD</b> (Portions toll).  | go 7.6 mi  |
|    | 5. Take the <b>ARLINGTON HTS ROAD</b> exit.   | go 0.4 mi  |
|    | 6. Take the ramp toward <b>ARLINGTON HTS</b> .  | go 0.0 mi  |
|    | 7. Merge onto <b>S ARLINGTON HEIGHTS RD</b> .   | go 0.1 mi  |
|   | 8. Turn <b>LEFT</b> onto <b>W ALGONQUIN RD / IL-62</b> .  | go 0.3 mi  |
|    | 9. <b>515 W ALGONQUIN RD</b> is on the <b>LEFT</b> .  | go 0.0 mi  |

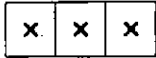


### 515 W Algonquin Rd, Arlington Heights, IL 60005-4439

Total Travel Estimate : 23.27 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 5086 N Elston Ave

Chicago, IL 60630-2427

22.26 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 6.5 mi



5. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 0.3 mi



8. Turn **SLIGHT LEFT** onto **N ELSTON AVE**.

go 0.0 mi



9. **5086 N ELSTON AVE** is on the **LEFT**.

go 0.0 mi

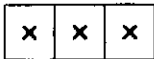


### 5086 N Elston Ave, Chicago, IL 60630-2427

Total Travel Estimate : 22.26 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 1455 E Golf Rd

Des Plaines, IL 60016-1250

21.72 miles - about 33 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 16.8 mi



4. Merge onto **US-14 W / DEMPSTER ST**.

go 0.4 mi



5. Turn **SLIGHT RIGHT**.

go 0.0 mi



6. Go **STRAIGHT** toward **US-12 W**.

go 0.1 mi



7. Stay **STRAIGHT** to go onto **RAND RD**.

go 1.7 mi



8. Turn **SHARP RIGHT** onto **E GOLF RD / IL-58**.

go 0.5 mi



9. **1455 E GOLF RD** is on the **RIGHT**.

go 0.0 mi

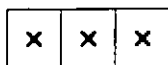


### 1455 E Golf Rd, Des Plaines, IL 60016-1250

Total Travel Estimate : 21.72 miles - about 33 minutes

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# MAPQUEST.











Notes

## Trip to 251 E Huron St

Chicago, IL 60611-2908

19.09 miles - about 33 minutes

### 120 N la Grange Rd, La Grange, IL 60525-2040

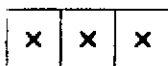
- |   |  |            |
|---|--|------------|
|    | 1. Start out going NORTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward SHAWMUT AVE. Continue to follow US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45. | go 3.5 mi  |
|   | 2. Merge onto I-290 E / EISENHOWER EXPY E.   | go 12.1 mi |
|   | 3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W toward WISCONSIN.   | go 1.5 mi  |
|    | 4. Take EXIT 50B toward EAST OHIO ST.  | go 0.8 mi  |
|    | 5. Stay STRAIGHT to go onto W OHIO ST.   | go 0.9 mi  |
|    | 6. Turn LEFT onto N FAIRBANKS CT.  | go 0.2 mi  |
|    | 7. Turn LEFT onto E HURON ST.  | go 0.0 mi  |
|    | 8. 251 E HURON ST is on the LEFT.  | go 0.0 mi  |

### 251 E Huron St, Chicago, IL 60611-2908

Total Travel Estimate : 19.09 miles - about 33 minutes

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# MAPQUEST.

Notes

## Trip to 500 E 51st St

Chicago, IL 60615-2400

18.50 miles - about 32 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 10.1 mi



5. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** via **EXIT 292B** toward **INDIANA**.

go 3.1 mi



6. Take **EXIT 56B** toward **47TH ST**.

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **S WENTWORTH AVE**.

go 0.0 mi



8. Turn **LEFT** onto **W 47TH ST**.

go 0.8 mi



9. Turn **RIGHT** onto **S DR MARTIN L KING JR DR**.

go 0.5 mi



10. Turn **LEFT** onto **E 51ST ST**.

go 0.1 mi

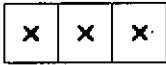


11. **500 E 51ST ST** is on the **LEFT**.

go 0.0 mi

0452





# MAPQUEST.

Notes

## Trip to 4849 W Fullerton Ave

Chicago, IL 60639-2503

14.46 miles - about 32 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 7.0 mi



3. Take **EXIT 24B** toward **IL-50 / CICERO AVE**.

go 0.2 mi



4. Turn **SLIGHT LEFT** onto **W LEXINGTON ST**.

go 0.0 mi



5. Turn **LEFT** onto **S CICERO AVE / IL-50**.

go 3.7 mi



6. Turn **LEFT** onto **W FULLERTON AVE**.

go 0.0 mi



7. **4849 W FULLERTON AVE** is on the **LEFT**.

go 0.0 mi

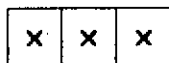


**4849 W Fullerton Ave, Chicago, IL 60639-2503**

**Total Travel Estimate : 14.46 miles - about 32 minutes**

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# MAPQUEST.

Notes

## Trip to 8901 Golf Rd

Des Plaines, IL 60016-6850

21.05 miles - about 32 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 16.7 mi



4. Merge onto **DEMPSTER ST / US-14 E**.

go 0.5 mi



5. Turn **LEFT** onto **POTTER RD**.

go 1.0 mi



6. Turn **RIGHT** onto **IL-58 / GOLF RD**.

go 0.6 mi



7. **8901 GOLF RD** is on the **RIGHT**.

go 0.0 mi

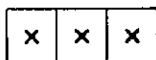


### 8901 Golf Rd, Des Plaines, IL 60016-6850

Total Travel Estimate : 21.05 miles - about 32 minutes

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# MAPQUEST.

Notes

## Trip to 100 N River Rd

Des Plaines, IL 60016-1209

21.05 miles - about 32 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 16.8 mi |
|  | 4. Merge onto <b>US-14 W / DEMPSTER ST</b> .  | go 0.4 mi  |
|  | 5. Turn <b>SLIGHT RIGHT</b> .   | go 0.0 mi  |
|  | 6. Go <b>STRAIGHT</b> toward <b>US-12 W</b> .   | go 0.1 mi  |
|  | 7. Stay <b>STRAIGHT</b> to go onto <b>RAND RD</b> .   | go 0.9 mi  |
|  | 8. Turn <b>SLIGHT RIGHT</b> onto <b>US-45 / S DES PLAINES RIVER RD / S RIVER RD</b> .   | go 0.6 mi  |
|  | 9. <b>100 N RIVER RD</b> .  | go 0.0 mi  |

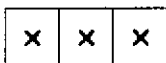


### 100 N River Rd, Des Plaines, IL 60016-1209

Total Travel Estimate : 21.05 miles - about 32 minutes

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# MAPQUEST.

Notes

## Trip to 15 W Grand Ave

Chicago, IL 60654-4806

18.55 miles - about 31 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 1.5 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 0.8 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



6. Turn **RIGHT** onto **N STATE ST**.

go 0.0 mi



7. Turn **RIGHT** onto **W GRAND AVE**.

go 0.0 mi



8. **15 W GRAND AVE** is on the **LEFT**.

go 0.0 mi

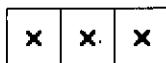


### 15 W Grand Ave, Chicago, IL 60654-4806

Total Travel Estimate : 18.55 miles - about 31 minutes

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# MAPQUEST.

Notes

## Trip to 1 E Erie St

Chicago, IL 60611-2740

18.58 miles - about 31 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 1.5 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 0.8 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



6. Turn **LEFT** onto **N STATE ST**.

go 0.1 mi



7. Turn **RIGHT** onto **E ERIE ST**.

go 0.0 mi



8. **1 E ERIE ST** is on the **RIGHT**.

go 0.0 mi



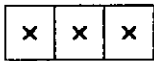
### 1 E Erie St, Chicago, IL 60611-2740

Total Travel Estimate : 18.58 miles - about 31 minutes

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0457



# MAPQUEST.

Notes

## Trip to 1431 N Claremont Ave

Chicago, IL 60622-1702

16.23 miles - about 31 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 9.9 mi



3. Take **EXIT 27C** toward **WESTERN AVE**.

go 0.2 mi



4. Keep **RIGHT** at the fork in the ramp.

go 0.1 mi



5. Stay **STRAIGHT** to go onto **W CONGRESS PKWY**.

go 0.0 mi



6. Turn **LEFT** onto **S WESTERN AVE**.

go 2.3 mi



7. Turn **RIGHT** onto **W LE MOYNE ST**.

go 0.0 mi



8. Turn **RIGHT** onto **N CLAREMONT AVE**.

go 0.0 mi



9. **1431 N CLAREMONT AVE** is on the **LEFT**.

go 0.0 mi

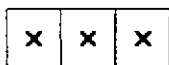


### 1431 N Claremont Ave, Chicago, IL 60622-1702

Total Travel Estimate : 16.23 miles - about 31 minutes

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# MAPQUEST.

Notes

## Trip to 17896 la Grange Rd

Tinley Park, IL 60487-7298

18.00 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 18.0 mi



2. Make a **U-TURN** at **179TH ST** onto **US-45 N / LA GRANGE RD / 96TH AVE**.

go 0.0 mi



3. **17896 LA GRANGE RD**.

go 0.0 mi

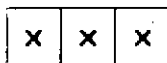


### 17896 la Grange Rd, Tinley Park, IL 60487-7298

Total Travel Estimate : 18.00 miles - about 30 minutes

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# MAPQUEST

Notes

## Trip to 1644 E 53rd St

Chicago, IL 60615-4210

19.55 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 11.9 mi



5. Merge onto **S LAKE SHORE DR / US-41 S**.

go 3.9 mi



6. Take the **53RD ST** ramp.

go 0.0 mi



7. Turn **SLIGHT RIGHT** onto **E 53RD ST**.

go 0.2 mi



8. **1644 E 53RD ST** is on the **RIGHT**.

go 0.0 mi



### 1644 E 53rd St, Chicago, IL 60615-4210

Total Travel Estimate : 19.55 miles - about 30 minutes

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# MAPQUEST.

Notes

## Trip to 25 E Washington St

Chicago, IL 60602-1708

17.50 miles - about 30 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 12.1 mi



3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN**.

go 0.8 mi



4. Take **EXIT 51C** toward **EAST WASHINGTON BLVD**.

go 0.1 mi



5. Turn **RIGHT** onto **W WASHINGTON BLVD**.

go 0.3 mi



6. **W WASHINGTON BLVD** becomes **W WASHINGTON ST**.

go 0.7 mi



7. **25 E WASHINGTON ST** is on the **RIGHT**.

go 0.0 mi

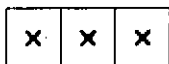


**25 E Washington St, Chicago, IL 60602-1708**

**Total Travel Estimate : 17.50 miles - about 30 minutes**

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# MAPQUEST.

Notes

## Trip to 326 W 64th St

Chicago, IL 60621-3114

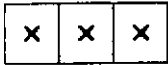
19.31 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>W OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>LEFT</b> onto <b>E OGDEN AVE / US-34</b> .   | go 1.9 mi  |
|  | 3. Turn <b>RIGHT</b> onto <b>1ST AVE / IL-171</b> . Continue to follow <b>IL-171 S</b> .  | go 1.6 mi  |
|  | 4. Merge onto <b>I-55 N / STEVENSON EXPY N</b> toward <b>CHICAGO</b> .  | go 10.1 mi |
|  | 5. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> via <b>EXIT 292B</b> toward <b>INDIANA</b> .   | go 0.8 mi  |
|  | 6. Keep <b>LEFT</b> to take <b>DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E</b> toward <b>GARFIELD BLVD</b> .                      | go 3.9 mi  |
|  | 7. Merge onto <b>I-90 E / I-94 E / DAN RYAN EXPY E</b> toward <b>SKYWAY / INDIANA TOLL RD</b> .   | go 0.5 mi  |
|  | 8. Take <b>EXIT 58B</b> toward <b>63RD ST</b> .   | go 0.2 mi  |
|  | 9. Turn <b>SLIGHT LEFT</b> onto <b>S YALE AVE</b> .   | go 0.2 mi  |
|  | 10. Turn <b>RIGHT</b> onto <b>W 64TH ST</b> .   | go 0.0 mi  |
|  | 11. <b>326 W 64TH ST</b> is on the <b>RIGHT</b> .   | go 0.0 mi  |

0462



# MAPQUEST.

Notes

## Trip to 2233 W Division St

Chicago, IL 60622-8151

15.93 miles - about 30 minutes

### 120 N la Grange Rd, La Grange, IL 60525-2040

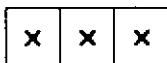
- |  |  |           |
|--|--|-----------|
|  | 1. Start out going <b>NORTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>SHAWMUT AVE</b> . Continue to follow <b>US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> . | go 3.5 mi |
|  | 2. Merge onto <b>I-290 E / EISENHOWER EXPY E</b> .   | go 9.9 mi |
|  | 3. Take <b>EXIT 27C</b> toward <b>WESTERN AVE</b> .  | go 0.2 mi |
|  | 4. Keep <b>RIGHT</b> at the fork in the ramp.  | go 0.1 mi |
|  | 5. Stay <b>STRAIGHT</b> to go onto <b>W CONGRESS PKWY</b> .  | go 0.0 mi |
|  | 6. Turn <b>LEFT</b> onto <b>S WESTERN AVE</b> .  | go 1.9 mi |
|  | 7. Turn <b>RIGHT</b> onto <b>W DIVISION ST</b> .   | go 0.2 mi |
|  | 8. <b>2233 W DIVISION ST</b> is on the <b>RIGHT</b> .  | go 0.0 mi |

### 2233 W Division St, Chicago, IL 60622-8151

Total Travel Estimate : 15.93 miles - about 30 minutes

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# MAPQUEST.

Notes

## Trip to 3101 N Harlem Ave

Chicago, IL 60634-4532

11.99 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 3.9 mi



3. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



4. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**. Continue to follow **IL-43 / HARLEM AVE**.

go 4.4 mi



5. **3101 N HARLEM AVE** is on the **RIGHT**.

go 0.0 mi

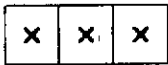


### 3101 N Harlem Ave, Chicago, IL 60634-4532

Total Travel Estimate : 11.99 miles - about 30 minutes

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# MAPQUEST.

















Notes

## Trip to Glenoaks Medical Center

701 Winthrop Ave, Glendale Heights,  
IL 60139 - (630) 545-3901  
18.82 miles - about 30 minutes



120 N la Grange Rd, La Grange, IL 60525-2040

- |   |   |           |
|---|---|-----------|
|    | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi |
|       | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi |
|       | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 1.5 mi |
|   | 4. Merge onto <b>I-88 W / RONALD REAGAN MEMORIAL TOLLWAY</b> toward <b>AURORA</b> (Portions toll).  | go 6.6 mi |
|    | 5. Take the exit toward <b>I-355 N / NORTHWEST SUBURBS</b> .  | go 0.6 mi |
|   | 6. Merge onto <b>I-355 N / VETERANS MEMORIAL TOLLWAY</b> via the exit on the <b>LEFT</b> toward <b>NORTHWEST SUBURBS</b> (Portions toll).           | go 5.3 mi |
|    | 7. Take the <b>IL-64 / NORTH AVE</b> exit.  | go 0.3 mi |
|    | 8. Take the ramp toward <b>CAROL STREAM</b> .   | go 0.0 mi |
|   | 9. Turn <b>LEFT</b> onto <b>W NORTH AVE / IL-64 W</b> .   | go 1.3 mi |
|    | 10. Turn <b>SLIGHT RIGHT</b> onto <b>GLEN ELLYN RD / CR-5</b> .   | go 0.8 mi |
|    | 11. Turn <b>RIGHT</b> onto <b>WINTHROP AVE</b> .  | go 0.1 mi |

0465

END

12. 701 WINTHROP AVE is on the RIGHT.

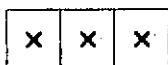
go 0.0 mi



**Glenoaks Medical Center - (630) 545-3901**  
**701 Winthrop Ave, Glendale Heights, IL 60139**  
**Total Travel Estimate : 18.82 miles - about 30 minutes**

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# MAPQUEST.

Notes

## Trip to 800 Biesterfield Rd

Elk Grove Village, IL 60007-3361

19.47 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |            |
|--|---|------------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi  |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi  |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 3.3 mi  |
|  | 4. Merge onto <b>I-290 W</b> toward <b>US-20 / ROCKFORD / IL-64</b> .   | go 12.7 mi |
|  | 5. Take the <b>BIESTERFIELD RD</b> exit, <b>EXIT 4</b> , toward <b>IL-53 S</b> .  | go 0.4 mi  |
|  | 6. Turn <b>RIGHT</b> onto <b>BIESTERFIELD RD</b> .  | go 0.3 mi  |
|  | 7. Turn <b>RIGHT</b> onto <b>BEISNER RD</b> .   | go 0.2 mi  |
|  | 8. <b>BEISNER RD</b> becomes <b>BRISTOL LN</b> .  | go 0.3 mi  |
|  | 9. Turn <b>LEFT</b> onto <b>LEICESTER RD</b> .  | go 0.2 mi  |
|  | 10. Turn <b>LEFT</b> onto <b>BIESTERFIELD RD</b> .  | go 0.0 mi  |
|  | 11. <b>800 BIESTERFIELD RD</b> is on the <b>RIGHT</b> .   | go 0.0 mi  |

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# MAPQUEST.

Notes

## Trip to 7435 W Talcott Ave

Chicago, IL 60631-3707

19.22 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 12.6 mi



4. Merge onto **I-90 E** toward **KENNEDY EXPY / CHICAGO** (Portions toll).

go 3.3 mi



5. Take **EXIT 81A** toward **IL-43 / HARLEM AVE**.

go 0.2 mi



6. Stay **STRAIGHT** to go onto **W HIGGINS AVE / IL-72 E**.

go 0.2 mi



7. Turn **LEFT** onto **N HARLEM AVE / IL-43**.

go 0.3 mi



8. Turn **LEFT** onto **W TALCOTT AVE**.

go 0.4 mi



9. **7435 W TALCOTT AVE** is on the **LEFT**.

go 0.0 mi



### 7435 W Talcott Ave, Chicago, IL 60631-3707

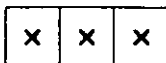
Total Travel Estimate : 19.22 miles - about 30 minutes

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# MAPQUEST.

Notes

## Trip to 1800 Parkside Dr

Park Ridge, IL 60068-1086  
20.05 miles - about 30 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**. go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**. go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll). go 16.7 mi



4. Merge onto **DEMPSTER ST / US-14 E**. go 1.2 mi



5. Turn **LEFT** onto **PARKSIDE DR**. go 0.0 mi



6. **1800 PARKSIDE DR** is on the **LEFT**. go 0.0 mi

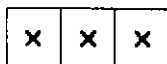


### 1800 Parkside Dr, Park Ridge, IL 60068-1086

Total Travel Estimate : 20.05 miles - about 30 minutes

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# MAPQUEST.

Notes

## Trip to [9600-9619] W 167th St

Orland Park, IL 60467  
16.48 miles - about 28 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 16.5 mi



2. Turn **RIGHT** onto **W 167TH ST**.

go 0.0 mi



3. **[9600-9619] W 167TH ST**.

go 0.0 mi

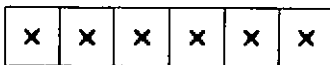


### [9600-9619] W 167th St, Orland Park, IL 60467

Total Travel Estimate : 16.48 miles - about 28 minutes

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# MAPQUEST.

Notes

## Trip to 4650 Southwest Hwy

Oak Lawn, IL 60453-1836

12.63 miles - about 28 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 3.1 mi



3. Take the exit.

go 0.0 mi



4. Merge onto **US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST**.

go 2.4 mi



5. Turn **LEFT** onto **SOUTHWEST HWY**.

go 1.7 mi



6. **4650 SOUTHWEST HWY**.

go 0.0 mi

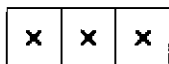


### 4650 Southwest Hwy, Oak Lawn, IL 60453-1836

Total Travel Estimate : 12.63 miles - about 28 minutes

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# MAPQUEST.

Notes

## Trip to 9500 S Kenneth Ave

Oak Lawn, IL 60453

12.75 miles - about 28 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 3.1 mi



3. Take the exit.

go 0.0 mi



4. Merge onto **US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST**.

go 4.3 mi



5. Turn **RIGHT** onto **S KENNETH AVE**.

go 0.0 mi



6. **9500 S KENNETH AVE** is on the **RIGHT**.

go 0.0 mi

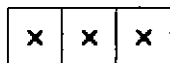


### 9500 S Kenneth Ave, Oak Lawn, IL 60453

Total Travel Estimate : 12.75 miles - about 28 minutes

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# MAPQUEST.

Notes

## Trip to 1044 N Francisco Ave

Chicago, IL 60622-2743

14.95 miles - about 28 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 9.3 mi



3. Take the **SACRAMENTO BLVD** exit, **EXIT 27A**.

go 0.2 mi



4. Turn **LEFT** onto **S SACRAMENTO BLVD**.

go 1.7 mi



5. Turn **RIGHT** onto **W AUGUSTA BLVD**.

go 0.2 mi



6. Turn **LEFT** onto **N FRANCISCO AVE**.

go 0.0 mi



7. **1044 N FRANCISCO AVE** is on the **LEFT**.

go 0.0 mi

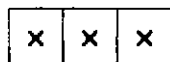


### 1044 N Francisco Ave, Chicago, IL 60622-2743

Total Travel Estimate : 14.95 miles - about 28 minutes

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# MAPQUEST.

Notes

**Trip to 27650 Ferry Rd**  
 Warrenville, IL 60555-3845  
 18.47 miles - about 28 minutes



## 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**. go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**. go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll). go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll). go 12.3 mi



5. Take the exit toward **NAPERVILLE RD**. go 0.3 mi



6. Turn **RIGHT** onto **FREEDOM DR**. go 0.1 mi



7. Turn **LEFT** onto **E WARRENVILLE RD / WARRENVILLE RD / CR-3**. Continue to follow **CR-3 W**. go 2.0 mi



8. **27650 FERRY RD** is on the **RIGHT**. go 0.0 mi

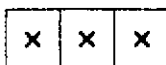


## 27650 Ferry Rd, Warrenville, IL 60555-3845

Total Travel Estimate : 18.47 miles - about 28 minutes

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# MAPQUEST.

Notes

## Trip to 3240 W Franklin Blvd

Chicago, IL 60624-1511

14.52 miles - about 27 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 9.3 mi



3. Take the **SACRAMENTO BLVD** exit, **EXIT 27A**.

go 0.2 mi



4. Turn **LEFT** onto **S SACRAMENTO BLVD**.

go 0.6 mi



5. Turn **LEFT** onto **W WASHINGTON BLVD**.

go 0.3 mi



6. Turn **RIGHT** onto **N KEDZIE AVE**.

go 0.5 mi



7. Turn **LEFT** onto **W FRANKLIN BLVD**.

go 0.1 mi



8. **3240 W FRANKLIN BLVD** is on the **RIGHT**.

go 0.0 mi



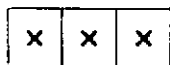
### 3240 W Franklin Blvd, Chicago, IL 60624-1511

Total Travel Estimate : 14.52 miles - about 27 minutes

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# MAPQUEST.

Notes

## Trip to 475 E Diehl Rd

Naperville, IL 60563-1353

17.58 miles - about 27 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll).

go 12.3 mi



5. Take the exit toward **NAPERVILLE RD**.

go 0.4 mi



6. Turn **LEFT** onto **FREEDOM DR**.

go 0.4 mi



7. Turn **SLIGHT RIGHT** onto **E DIEHL RD**.

go 0.8 mi



8. **475 E DIEHL RD**.

go 0.0 mi



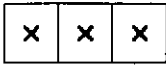
### 475 E Diehl Rd, Naperville, IL 60563-1353

Total Travel Estimate : 17.58 miles - about 27 minutes

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# MAPQUEST.

Notes

## Trip to 1580 W Lake St

Addison, IL 60101-1171

16.74 miles - about 27 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 3.3 mi



4. Merge onto **I-290 W / EISENHOWER EXPY W** toward **US-20 / ROCKFORD / IL-64**.

go 9.4 mi



5. Take the **LAKE ST / US-20** exit, **EXIT 7**.

go 1.2 mi



6. Take the exit on the **LEFT** toward **ADDISON**.

go 0.0 mi



7. Turn **LEFT** onto **US-20 E / LAKE ST / ULYSSES S GRANT MEMORIAL HWY**. Continue to follow **US-20 E / ULYSSES S GRANT MEMORIAL HWY**.

go 0.6 mi



8. **1580 W LAKE ST**.

go 0.0 mi

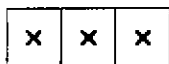


### 1580 W Lake St, Addison, IL 60101-1171

Total Travel Estimate : 16.74 miles - about 27 minutes

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# MAPQUEST.

Notes

## Trip to 2336 S Wabash Ave

Chicago, IL 60616-2112

15.56 miles - about 26 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 10.9 mi



5. Take the **CERMAK RD** exit, **EXIT 293A**, toward **CHINATOWN**.

go 0.7 mi



6. Turn **RIGHT** onto **W CERMAK RD / W 22ND ST**.

go 0.3 mi



7. Turn **RIGHT** onto **S WABASH AVE**.

go 0.2 mi



8. **2336 S WABASH AVE** is on the **RIGHT**.

go 0.0 mi

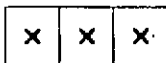


### 2336 S Wabash Ave, Chicago, IL 60616-2112

Total Travel Estimate : 15.56 miles - about 26 minutes

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# MAPQUEST.

Notes

## Trip to Adventist Bolingbrook Hospital

500 Remington Blvd, Bolingbrook, IL 60440

- (630) 312-5000

16.97 miles - about 26 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 3.7 mi



2. Merge onto **I-55 S** toward **I-294-TOLL N / ST LOUIS**.

go 11.7 mi



3. Take the **IL-53 / BOLINGBROOK** exit, **EXIT 267**.

go 0.3 mi



4. Take the ramp toward **BOLINGBROOK**.

go 0.0 mi



5. Turn **RIGHT** onto **S BOLINGBROOK DR / IL-53 N**.

go 0.1 mi



6. Turn **LEFT** onto **REMINGTON BLVD**.

go 1.1 mi



7. **500 REMINGTON BLVD** is on the **RIGHT**.

go 0.0 mi

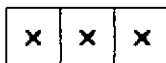


**Adventist Bolingbrook Hospital - (630) 312-5000**  
**500 Remington Blvd, Bolingbrook, IL 60440**

**Total Travel Estimate : 16.97 miles - about 26 minutes**

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# MAPQUEST.

Notes

## Trip to 1740 W Taylor St

Chicago, IL 60612-7232

15.00 miles - about 26 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 10.6 mi



3. Take **EXIT 28A** toward **DAMEN AVE**.

go 0.1 mi



4. Stay **STRAIGHT** to go onto **W CONGRESS PKWY**.

go 0.3 mi



5. Turn **RIGHT** onto **S WOOD ST**.

go 0.4 mi



6. Turn **LEFT** onto **W TAYLOR ST**.

go 0.0 mi



7. **1740 W TAYLOR ST** is on the **LEFT**.

go 0.0 mi

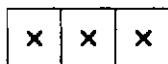


### 1740 W Taylor St, Chicago, IL 60612-7232

Total Travel Estimate : 15.00 miles - about 26 minutes

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# MAPQUEST.

Notes

## Trip to 2525 S Michigan Ave

Chicago, IL 60616-2333

15.86 miles - about 26 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 11.6 mi



5. Take **EXIT 293D** toward **MARTIN L KING DR**.

go 0.1 mi



6. Keep **RIGHT** at the fork in the ramp.

go 0.0 mi



7. Turn **SLIGHT LEFT** onto **E 25TH ST**.

go 0.0 mi



8. Turn **SLIGHT RIGHT** onto **S DR MARTIN L KING JR DR**.

go 0.2 mi



9. Turn **RIGHT** onto **E 26TH ST**.

go 0.3 mi



10. Turn **RIGHT** onto **S MICHIGAN AVE**.

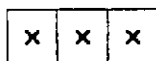
go 0.0 mi



11. **2525 S MICHIGAN AVE** is on the **RIGHT**.

go 0.0 mi

0481



# MAPQUEST.

Notes

## Trip to 203 E Irving Park Rd

Wood Dale, IL 60191-2045

15.19 miles - about 26 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040

- |  |   |           |
|--|---|-----------|
|  | 1. Start out going <b>SOUTH</b> on <b>N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45</b> toward <b>E OGDEN AVE / US-34</b> . | go 0.0 mi |
|  | 2. Turn <b>RIGHT</b> onto <b>W OGDEN AVE / US-34</b> .  | go 2.1 mi |
|  | 3. Merge onto <b>I-294 N</b> toward <b>WISCONSIN</b> (Portions toll).   | go 3.3 mi |
|  | 4. Merge onto <b>I-290 W / EISENHOWER EXPY W</b> toward <b>US-20 / ROCKFORD / IL-64</b> .   | go 5.8 mi |
|  | 5. Merge onto <b>IL-83 N / KINGERY HWY</b> via <b>EXIT 10B</b> .  | go 2.7 mi |
|  | 6. Turn <b>RIGHT</b> onto <b>BROOKWOOD ST</b> .   | go 0.1 mi |
|  | 7. Turn <b>RIGHT</b> onto <b>MARSHALL RD</b> .  | go 0.1 mi |
|  | 8. Turn <b>RIGHT</b> onto <b>W IRVING PARK RD / IL-19</b> .   | go 0.9 mi |
|  | 9. <b>203 E IRVING PARK RD</b> is on the <b>RIGHT</b> .   | go 0.0 mi |



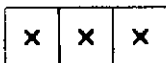
### 203 E Irving Park Rd, Wood Dale, IL 60191-2045

Total Travel Estimate : 15.19 miles - about 26 minutes

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# MAPQUEST.

Notes

## Trip to 2333 N Harlem Ave

Chicago, IL 60707-2718

10.99 miles - about 26 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 3.9 mi



3. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



4. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**. Continue to follow **IL-43 / HARLEM AVE**.

go 3.4 mi



5. **2333 N HARLEM AVE** is on the **RIGHT**.

go 0.0 mi

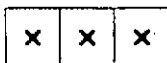


### 2333 N Harlem Ave, Chicago, IL 60707-2718

Total Travel Estimate : 10.99 miles - about 26 minutes

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# MAPQUEST.

Notes

## Trip to 1725 W Harrison St

Chicago, IL 60612-3841

14.70 miles - about 25 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 10.6 mi



3. Take **EXIT 28A** toward **DAMEN AVE**.

go 0.1 mi



4. Stay **STRAIGHT** to go onto **W CONGRESS PKWY**.

go 0.3 mi



5. Turn **RIGHT** onto **S WOOD ST**.

go 0.0 mi



6. Turn **LEFT** onto **W HARRISON ST**.

go 0.0 mi



7. **1725 W HARRISON ST** is on the **RIGHT**.

go 0.0 mi



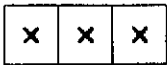
### 1725 W Harrison St, Chicago, IL 60612-3841

Total Travel Estimate : 14.70 miles - about 25 minutes

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Notes

**MAPQUEST.****Trip to 2875 W 19th St**

Chicago, IL 60623-3501

**12.90 miles - about 25 minutes****120 N la Grange Rd, La Grange, IL 60525-2040**

1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 7.0 mi



5. Take **EXIT 289** toward **CALIFORNIA AVE**.

go 0.2 mi



6. Take the **CALIFORNIA AVE** ramp.

go 1.9 mi



7. Turn **LEFT** onto **W 19TH ST**.

go 0.1 mi



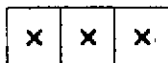
8. **2875 W 19TH ST** is on the **LEFT**.

go 0.0 mi

**2875 W 19th St, Chicago, IL 60623-3501****Total Travel Estimate : 12.90 miles - about 25 minutes**

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# MAPQUEST.

Notes

## Trip to 1501 S California Ave

Chicago, IL 60608-1732

13.15 miles - about 25 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **LEFT** onto **E OGDEN AVE / US-34**.

go 1.9 mi



3. Turn **RIGHT** onto **1ST AVE / IL-171**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO**.

go 7.0 mi



5. Take **EXIT 289** toward **CALIFORNIA AVE**.

go 0.2 mi



6. Take the **CALIFORNIA AVE** ramp.

go 0.2 mi



7. Keep **LEFT** at the fork to go on **S CALIFORNIA AVE**.

go 2.1 mi



8. **1501 S CALIFORNIA AVE** is on the **RIGHT**.

go 0.0 mi



### 1501 S California Ave, Chicago, IL 60608-1732

Total Travel Estimate : 13.15 miles - about 25 minutes

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# MAPQUEST.

Notes

**Trip to 1614 N Harlem Ave**  
 Elmwood Park, IL 60707-4302  
 10.09 miles - about 24 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 3.9 mi



3. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



4. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**. Continue to follow **IL-43 / HARLEM AVE**.

go 2.5 mi



5. **1614 N HARLEM AVE** is on the **LEFT**.

go 0.0 mi

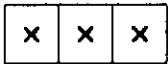


**1614 N Harlem Ave, Elmwood Park, IL 60707-4302**

**Total Travel Estimate : 10.09 miles - about 24 minutes**

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# MAPQUEST.


Notes


**Trip to 1901 W Harrison St**  
Chicago, IL 60612-3714  
14.48 miles - about 24 minutes


**A** 120 N la Grange Rd, La Grange, IL 60525-2040


- 


1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**. go 3.5 mi
- 


2. Merge onto **I-290 E / EISENHOWER EXPY E**. go 10.6 mi
- 

3. Take **EXIT 28A** toward **DAMEN AVE**. go 0.1 mi
- 

4. Stay **STRAIGHT** to go onto **W CONGRESS PKWY**. go 0.2 mi
- 

5. Turn **RIGHT** onto **S WOLCOTT AVE**. go 0.0 mi
- 

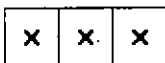
6. Turn **RIGHT** onto **W HARRISON ST**. go 0.0 mi
- 

7. **1901 W HARRISON ST** is on the **LEFT**. go 0.0 mi

**B** 1901 W Harrison St, Chicago, IL 60612-3714  
Total Travel Estimate : 14.48 miles - about 24 minutes

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# MAPQUEST.

Notes

## Trip to 1653 W Congress Pkwy

Chicago, IL 60612-3833

14.72 miles - about 24 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 10.9 mi



3. Take **EXIT 28B** toward **PAULINA ST / ASHLAND AVE**.

go 0.2 mi



4. Stay **STRAIGHT** to go onto **W CONGRESS PKWY**.

go 0.0 mi



5. **1653 W CONGRESS PKWY** is on the **RIGHT**.

go 0.0 mi

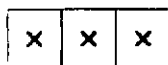


### 1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate : 14.72 miles - about 24 minutes

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# MAPQUEST.

Notes

## Trip to 7340 W College Dr

Palos Heights, IL 60463-1159  
13.05 miles - about 23 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 9.8 mi



2. Take the **CALUMET SAG RD / IL-83** ramp.

go 0.2 mi



3. Turn **RIGHT** onto **W CAL SAG RD / IL-83**. Continue to follow **IL-83**.

go 3.1 mi



4. **7340 W COLLEGE DR** is on the **LEFT**.

go 0.0 mi

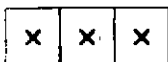


### 7340 W College Dr, Palos Heights, IL 60463-1159

Total Travel Estimate : 13.05 miles - about 23 minutes

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# MAPQUEST.

Notes

## Trip to 9921 Southwest Hwy

Oak Lawn, IL 60453-3767

11.16 miles - about 23 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 3.1 mi



3. Take the exit.

go 0.0 mi



4. Merge onto **US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST.**

go 1.8 mi



5. Turn **RIGHT** onto **RIDGELAND AVE.**

go 0.7 mi



6. Turn **SHARP LEFT** onto **SOUTHWEST HWY.**

go 0.2 mi



7. **9921 SOUTHWEST HWY** is on the **RIGHT**.

go 0.0 mi

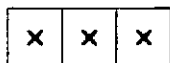


### 9921 Southwest Hwy, Oak Lawn, IL 60453-3767

Total Travel Estimate : 11.16 miles - about 23 minutes

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# MAPQUEST.

Notes

## Trip to 7456 S State Rd

Bedford Park, IL 60638-6621

11.16 miles - about 24 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **IL-171 N / S ARCHER AVE** via the ramp on the **LEFT** toward **79TH ST**.

go 0.6 mi



3. Turn **SLIGHT RIGHT** onto **W 79TH ST**.

go 4.4 mi



4. Turn **SLIGHT LEFT** onto **STATE RD**.

go 0.9 mi



5. **7456 S STATE RD** is on the **LEFT**.

go 0.0 mi



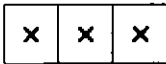
### 7456 S State Rd, Bedford Park, IL 60638-6621

Total Travel Estimate : 11.16 miles - about 24 minutes

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# MAPQUEST.

Notes

## Trip to 12251 S 80th Ave

Palos Heights, IL 60463-1256

12.73 miles - about 22 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**. Continue to follow **N LA GRANGE RD / US-45 S**.

go 9.8 mi



2. Take the **CALUMET SAG RD / IL-83** ramp.

go 0.2 mi



3. Turn **RIGHT** onto **W CAL SAG RD / IL-83**.

go 2.3 mi



4. Turn **RIGHT** onto **S 80TH AVE**.

go 0.5 mi



5. **12251 S 80TH AVE** is on the **LEFT**.

go 0.0 mi



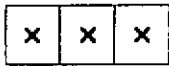
### 12251 S 80th Ave, Palos Heights, IL 60463-1256

Total Travel Estimate : 12.73 miles - about 22 minutes

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0493



# MAPQUEST.

Notes

## Trip to 622 N Austin Blvd

Oak Park, IL 60302-2508

10.60 miles - about 22 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 5.4 mi



3. Take the **AUSTIN BLVD** exit, **EXIT 23A**, on the **LEFT**.

go 0.3 mi



4. Turn **LEFT** onto **S AUSTIN BLVD**.

go 1.4 mi



5. **622 N AUSTIN BLVD** is on the **LEFT**.

go 0.0 mi

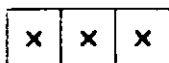


### 622 N Austin Blvd, Oak Park, IL 60302-2508

Total Travel Estimate : 10.60 miles - about 22 minutes

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# MAPQUEST.

Notes

## Trip to 701 W North Ave

Melrose Park, IL 60160-1612  
9.09 miles - about 21 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 2.4 mi



3. Take **EXIT 20** toward **IL-171 / 1ST AVE**.

go 0.2 mi



4. Stay **STRAIGHT** to go onto **BATAAN DR**.

go 0.0 mi



5. Turn **LEFT** onto **IL-171 / S 1ST AVE**.

go 2.6 mi



6. Turn **LEFT** onto **W NORTH AVE / IL-64 W**.

go 0.4 mi



7. **701 W NORTH AVE** is on the **RIGHT**.

go 0.0 mi



### 701 W North Ave, Melrose Park, IL 60160-1612

Total Travel Estimate : 9.09 miles - about 21 minutes

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# MAPQUEST.

Notes

## Trip to 6309 W 95th St

Oak Lawn, IL 60453-2201

10.39 miles - about 20 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **I-294 S** via the ramp on the **LEFT** toward **INDIANA** (Portions toll).

go 3.1 mi



3. Take the exit.

go 0.0 mi



4. Merge onto **US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST**.

go 1.9 mi



5. **6309 W 95TH ST**.

go 0.0 mi

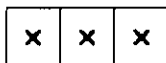


### 6309 W 95th St, Oak Lawn, IL 60453-2201

Total Travel Estimate : 10.39 miles - about 20 minutes

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# MAPQUEST.

Notes

## Trip to 7427 Lake St

River Forest, IL 60305-1817

8.94 miles - about 20 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 3.9 mi



3. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



4. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**. Continue to follow **IL-43 / HARLEM AVE**.

go 1.0 mi



5. Turn **LEFT** onto **LAKE ST**.

go 0.3 mi



6. **7427 LAKE ST** is on the **LEFT**.

go 0.0 mi

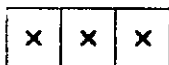


### 7427 Lake St, River Forest, IL 60305-1817

Total Travel Estimate : 8.94 miles - about 20 minutes

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# MAPQUEST.

Notes

## Trip to 1225 W Lake St

Melrose Park, IL 60160-4039

6.76 miles - about 19 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 1.1 mi



2. Turn **RIGHT** onto **E 31ST ST.**

go 0.7 mi



3. Turn **LEFT** onto **KEMMAN AVE.**

go 0.7 mi



4. **KEMMAN AVE** becomes **S 25TH AVE.**

go 3.4 mi



5. Turn **RIGHT** onto **W LAKE ST.**

go 0.8 mi



6. **1225 W LAKE ST** is on the **LEFT.**

go 0.0 mi

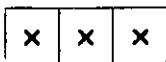


### 1225 W Lake St, Melrose Park, IL 60160-4039

Total Travel Estimate : 6.76 miles - about 19 minutes

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# MAPQUEST.

Notes

## Trip to 1801 S Highland Ave

Lombard, IL 60148-4932

10.51 miles - about 18 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 1.5 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll).

go 5.5 mi



5. Take the **HIGHLAND AVE** exit.

go 0.2 mi



6. Take the ramp toward **LOMBARD / CHIROPRACTIC COLLEGE**.

go 0.0 mi



7. Turn **RIGHT** onto **HIGHLAND AVE / CR-9 N**. Continue to follow **HIGHLAND AVE**.

go 1.0 mi



8. **1801 S HIGHLAND AVE** is on the **RIGHT**.

go 0.0 mi

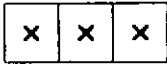


**1801 S Highland Ave, Lombard, IL 60148-4932**

**Total Travel Estimate : 10.51 miles - about 18 minutes**

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# MAPQUEST.

Notes

## Trip to Elmhurst Memorial Hospital

200 N Berteau Ave, Elmhurst, IL 60126 -  
(630) 833-1400

9.67 miles - about 18 minutes



120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 3.3 mi



4. Merge onto **I-290 W / EISENHOWER EXPY W** toward **US-20 / ROCKFORD / IL-64**.

go 3.4 mi



5. Merge onto **E NORTH AVE / IL-64 W** via **EXIT 13B**.

go 0.5 mi



6. Turn **SLIGHT LEFT** onto **N BERTEAU AVE**.

go 0.3 mi



7. **200 N BERTEAU AVE** is on the **RIGHT**.

go 0.0 mi



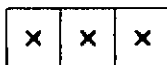
**Elmhurst Memorial Hospital - (630) 833-1400**  
**200 N Berteau Ave, Elmhurst, IL 60126**

**Total Travel Estimate : 9.67 miles - about 18 minutes**

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# MAPQUEST.

Notes

## Trip to 645 S Central Ave

Chicago, IL 60644-5059

9.84 miles - about 18 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 6.0 mi



3. Take the **CENTRAL AVE** exit, **EXIT 23B**.

go 0.2 mi



4. Turn **LEFT** onto **S CENTRAL AVE**.

go 0.1 mi



5. **645 S CENTRAL AVE** is on the **RIGHT**.

go 0.0 mi

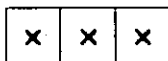


### 645 S Central Ave, Chicago, IL 60644-5059

Total Travel Estimate : 9.84 miles - about 18 minutes

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# MAPQUEST.

Notes

## Trip to 3811 Highland Ave

Downers Grove, IL 60515-1555

8.99 miles - about 17 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 1.1 mi



2. Turn **LEFT** onto **W 31ST ST.**

go 7.1 mi



3. Turn **LEFT** onto **HIGHLAND AVE / CR-9 S.**

go 0.8 mi



4. **3811 HIGHLAND AVE** is on the **LEFT.**

go 0.0 mi

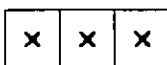


### 3811 Highland Ave, Downers Grove, IL 60515-1555

Total Travel Estimate : 8.99 miles - about 17 minutes

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# MAPQUEST.

Notes

## Trip to 3815 Highland Ave

Downers Grove, IL 60515-1500

9.00 miles - about 17 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 1.1 mi



2. Turn **LEFT** onto **W 31ST ST.**

go 7.1 mi



3. Turn **LEFT** onto **HIGHLAND AVE / CR-9 S.**

go 0.9 mi



4. **3815 HIGHLAND AVE** is on the **LEFT.**

go 0.0 mi

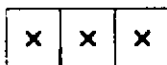


### 3815 Highland Ave, Downers Grove, IL 60515-1500

Total Travel Estimate : 9.00 miles - about 17 minutes

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# MAPQUEST.

Notes

## Trip to 520 S Maple Ave

Oak Park, IL 60304-1022

8.12 miles - about 17 minutes



**120 N la Grange Rd, La Grange, IL 60525-2040**



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE**. Continue to follow **US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45**.

go 3.5 mi



2. Merge onto **I-290 E / EISENHOWER EXPY E**.

go 3.9 mi



3. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



4. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**.

go 0.4 mi



5. Turn **RIGHT** onto **MADISON ST**.

go 0.0 mi



6. Turn **RIGHT** onto **S MAPLE AVE**.

go 0.0 mi



7. **520 S MAPLE AVE** is on the **LEFT**.

go 0.0 mi

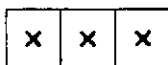


**520 S Maple Ave, Oak Park, IL 60304-1022**

**Total Travel Estimate : 8.12 miles - about 17 minutes**

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# MAPQUEST.

Notes

## Trip to 1650 S Ardmore Ave

Villa Park, IL 60181-3742

8.73 miles - about 16 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 3.2 mi



4. Merge onto **IL-38 W / ROOSEVELT RD**.

go 3.3 mi



5. Turn **LEFT** onto **S ARDMORE AVE**.

go 0.0 mi



6. **1650 S ARDMORE AVE** is on the **RIGHT**.

go 0.0 mi

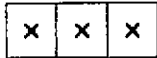


### 1650 S Ardmore Ave, Villa Park, IL 60181-3742

Total Travel Estimate : 8.73 miles - about 16 minutes

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# MAPQUEST.

Notes

## Trip to 340 W Butterfield Rd

Elmhurst, IL 60126-5069

7.62 miles - about 15 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.1 mi



3. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 3.2 mi



4. Merge onto **IL-38 W / ROOSEVELT RD**.

go 1.8 mi



5. Turn **SLIGHT RIGHT** toward **IL-56 / BUTTERFIELD RD**.

go 0.2 mi



6. Turn **SLIGHT LEFT** toward **IL-56**.

go 0.0 mi



7. Turn **SLIGHT LEFT** onto **COMMONWEALTH LN**.

go 0.0 mi



8. Turn **RIGHT** onto **W BUTTERFIELD RD / IL-56**.

go 0.2 mi



9. **340 W BUTTERFIELD RD** is on the **RIGHT**.

go 0.0 mi

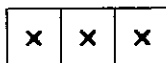


### 340 W Butterfield Rd, Elmhurst, IL 60126-5069

Total Travel Estimate : 7.62 miles - about 15 minutes

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# MAPQUEST.

Notes

## Trip to 9050 W 81st St

Justice, IL 60458-1350

6.71 miles - about 15 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 E / ULYSSES S GRANT MEMORIAL HWY / US-20 E / US-45 S** toward **W OGDEN AVE / US-34**.

go 5.3 mi



2. Merge onto **IL-171 N / S ARCHER AVE** via the ramp on the **LEFT** toward **79TH ST**.

go 0.6 mi



3. Turn **SLIGHT RIGHT** onto **W 79TH ST**.

go 0.2 mi



4. Turn **RIGHT** onto **S 88TH AVE / S CORK AVE**.

go 0.3 mi



5. Turn **RIGHT** onto **W 81ST ST**.

go 0.3 mi



6. **9050 W 81ST ST**.

go 0.0 mi



### 9050 W 81st St, Justice, IL 60458-1350

Total Travel Estimate : 6.71 miles - about 15 minutes

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# MAPQUEST.

Notes

## Trip to 3249 Oak Park Ave

Berwyn, IL 60402-3429

4.67 miles - about 15 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going SOUTH on N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45 toward W OGDEN AVE / US-34.

go 0.0 mi



2. Turn LEFT onto E OGDEN AVE / US-34. Continue to follow E OGDEN AVE.

go 4.2 mi



3. Turn LEFT onto OAK PARK AVE.

go 0.4 mi



4. 3249 OAK PARK AVE is on the RIGHT.

go 0.0 mi



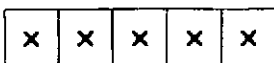
### 3249 Oak Park Ave, Berwyn, IL 60402-3429

Total Travel Estimate : 4.67 miles - about 15 minutes

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# MAPQUEST.

Notes

## Trip to 530 N Cass Ave

Westmont, IL 60559-1503  
 5.73 miles - about 14 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**. go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**. go 5.6 mi



3. Turn **LEFT** onto **N CASS AVE**. go 0.0 mi



4. **530 N CASS AVE** is on the **RIGHT**. go 0.0 mi

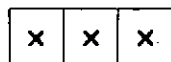


### 530 N Cass Ave, Westmont, IL 60559-1503

Total Travel Estimate : 5.73 miles - about 14 minutes

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# MAPQUEST.

Notes

## Trip to 2425 W 22nd St

Oak Brook, IL 60523-1245

7.30 miles - about 14 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 1.1 mi



2. Turn **LEFT** onto **W 31ST ST.**

go 4.1 mi



3. Merge onto **IL-83 N / KINGERY HWY.**

go 1.0 mi



4. Turn **LEFT** onto **W 22ND ST.**

go 1.0 mi



5. **2425 W 22ND ST.**

go 0.0 mi

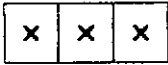


### 2425 W 22nd St, Oak Brook, IL 60523-1245

Total Travel Estimate : 7.30 miles - about 14 minutes

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# MAPQUEST.

Notes

## Trip to 2160 S 1st Ave

Maywood, IL 60153-3328

5.48 miles - about 13 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 2.2 mi



2. Turn **RIGHT** onto **W CERMAK RD.**

go 2.5 mi



3. Turn **LEFT** onto **IL-171 / 1ST AVE.**

go 0.8 mi



4. **2160 S 1ST AVE** is on the **RIGHT.**

go 0.0 mi

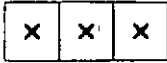


### 2160 S 1st Ave, Maywood, IL 60153-3328

**Total Travel Estimate : 5.48 miles - about 13 minutes**

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# MAPQUEST.

Notes

## Trip to 815 Pasquinelli Dr

Westmont, IL 60559-1276

4.80 miles - about 12 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 4.3 mi



3. Turn **RIGHT** onto **PASQUINELLI DR**.

go 0.4 mi



4. **815 PASQUINELLI DR** is on the **RIGHT**.

go 0.0 mi

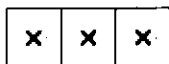


### 815 Pasquinelli Dr, Westmont, IL 60559-1276

Total Travel Estimate : 4.80 miles - about 12 minutes

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# MAPQUEST.

Notes

## Trip to 1200 S York Rd

Elmhurst, IL 60126-5626

5.87 miles - about 12 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.** go 2.2 mi



2. Turn **LEFT** onto **W CERMAK RD.** go 2.1 mi



3. **W CERMAK RD** becomes **W 22ND ST.** go 0.4 mi



4. Turn **RIGHT** onto **YORK RD.** go 1.2 mi



5. **1200 S YORK RD.** go 0.0 mi

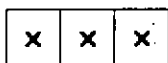


### 1200 S York Rd, Elmhurst, IL 60126-5626

Total Travel Estimate : 5.87 miles - about 12 minutes

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# MAPQUEST.

Notes

## Trip to 120 N Oak St

Hinsdale, IL 60521-3829

3.69 miles - about 10 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 1.0 mi



2. Turn **RIGHT** onto **W 47TH ST**.

go 2.2 mi



3. **W 47TH ST** becomes **E CHICAGO AVE**.

go 0.5 mi



4. Turn **RIGHT** onto **N OAK ST**.

go 0.1 mi



5. **120 N OAK ST** is on the **LEFT**.

go 0.0 mi

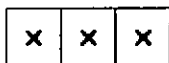


### 120 N Oak St, Hinsdale, IL 60521-3829

**Total Travel Estimate : 3.69 miles - about 10 minutes**

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# MAPQUEST.

Notes

## Trip to 2301 Enterprise Dr

Westchester, IL 60154-5802

3.78 miles - about 9 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **NORTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **SHAWMUT AVE.**

go 2.2 mi



2. Turn **LEFT** onto **W CERMAK RD.**

go 1.5 mi



3. Turn **LEFT** onto **ENTERPRISE DR.**

go 0.2 mi



4. **2301 ENTERPRISE DR.**

go 0.0 mi



### 2301 Enterprise Dr, Westchester, IL 60154-5802

**Total Travel Estimate : 3.78 miles - about 9 minutes**

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# MAPQUEST.

Notes

## Trip to 950 N York Rd

Hinsdale, IL 60521-2950

3.04 miles - about 8 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.9 mi



3. Turn **RIGHT** onto **N YORK RD**.

go 0.0 mi



4. **950 N YORK RD** is on the **LEFT**.

go 0.0 mi



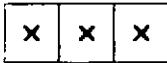
### 950 N York Rd, Hinsdale, IL 60521-2950

Total Travel Estimate : 3.04 miles - about 8 minutes

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# MAPQUEST.

Notes

## Trip to 908 N Elm St

Hinsdale, IL 60521-3635

2.86 miles - about 8 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **E OGDEN AVE / US-34**.

go 0.0 mi



2. Turn **RIGHT** onto **W OGDEN AVE / US-34**.

go 2.8 mi



3. Turn **RIGHT** onto **N ELM ST**.

go 0.0 mi



4. **908 N ELM ST** is on the **LEFT**.

go 0.0 mi

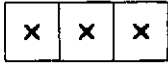


### 908 N Elm St, Hinsdale, IL 60521-3635

Total Travel Estimate : 2.86 miles - about 8 minutes

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# MAPQUEST.

Notes

## Trip to 5101 Willow Springs Rd

La Grange, IL 60525-2600

2.41 miles - about 7 minutes



### 120 N la Grange Rd, La Grange, IL 60525-2040



1. Start out going **SOUTH** on **N LA GRANGE RD / US-12 / ULYSSES S GRANT MEMORIAL HWY / US-20 / US-45** toward **W OGDEN AVE / US-34**.

go 1.0 mi



2. Turn **RIGHT** onto **W 47TH ST**.

go 1.0 mi



3. Turn **LEFT** onto **GILBERT AVE / S GILBERT AVE / WILLOW SPRINGS RD**. Continue to follow **GILBERT AVE / WILLOW SPRINGS RD**.

go 0.5 mi



4. **5101 WILLOW SPRINGS RD**.

go 0.0 mi



### 5101 Willow Springs Rd, La Grange, IL 60525-2600

Total Travel Estimate : 2.41 miles - about 7 minutes

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FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ROGERS PARK ONE DAY SURGERY CENTER  
7616 NORTH PAULINA  
CHICAGO, IL 60626  
Attn: Michael Castro

Dear Mr. Castro:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

The proposed ASTC will have a single procedure room and will offer the same exact services that are currently being performed at the Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the ASTC will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. For your reference, in 2009, physicians at the Facility performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures.

Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK  
ORLANDO

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
GHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHII

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

Dear Mr. Murphy:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Provena Saint Joseph Medical Center  
333 North Madison Street  
Joliet, IL 60435  
Attn: Jeffrey Brickman

Dear Mr. Brickman:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

LAKESHORE PHYSICANS & SURGERY CTR.  
7200 NORTH WESTERN AVENUE  
CHICAGO, IL 60645  
Attn: Yvette Barnabas

Dear Ms. Barnabas:

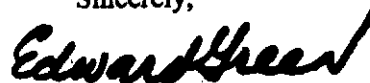
I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

KENDALL POINTE SURGERY CENTER, LLC  
100 WEST FIFTH STREET  
OSWEGO, IL 60543  
Attn: Angie Burns

Dear Ms. Burns:

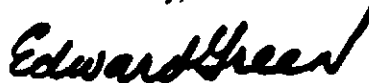
I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

The proposed ASTC will have a single procedure room and will offer the same exact services that are currently being performed at the Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the ASTC will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. For your reference, in 2009, physicians at the Facility performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures.

Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Peterson Surgery Center (Peterson Medical  
Surgicenter)  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

Dear Ms. Sagaidoro:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

St. James Hospital & Health Center  
4 E 14th St  
Chicago Heights, IL 60411  
Attn: Tom Senesac

Dear Mr. Senesac:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SURGICARE CENTER, INC.  
333 DIXIE HIGHWAY  
CHICAGO HEIGHTS, IL 60411  
Attn: Seth Warren

Dear Mr. Warren:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Skokie Hospital  
9600 Gross Point Road  
Skokie, IL 60076  
Attn: Jeffrey Hillebrand

Dear Mr. Hillebrand:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

Dear Mr. Mayer:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650.0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

MIDWEST EYE CENTER, S.C.  
1700 WEST ROAD  
CALUMET CITY, IL 60409  
Attn: Marlene Rinella

Dear Ms. Rinella:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SURGICORE  
10547 SOUTH EWING AVENUE  
CHICAGO, IL 60617  
Attn: Michael Wood

Dear Mr. Wood:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

Dear Mr. Senesac:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**NORTH SHORE SAME DAY SURGERY  
CENTER**  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

Dear Ms. Zidonis:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

NOVAMED SURGERY CENTER OF CHICAGO  
NORTH SHORE  
3034 WEST PETERSON  
CHICAGO, IL 60659  
Attn: Troy Litch

Dear Mr. Litch:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

Dear Mr. Newton:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

Dear Mr. Solare:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

Dear Mr. Meigs:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

Dear Mr. Krol:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

Dear Mr. Ong:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
HANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYC  
WASH

0538

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

DREYER AMBULATORY SURGERY CENTER  
1221 NORTH HIGHLAND AVENUE  
AURORA, IL 60506  
Attn: Donna Cooper

Dear Ms. Cooper:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

  
Edward J. Green

Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

CASTLE SURGICENTER, LLC  
2111 OGDEN AVENUE  
AURORA, IL 60504  
Attn: Donna Wilson

Dear Ms. Wilson:


I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Edward Plainfield Surgery Center  
24600 W 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

Dear Ms. Ebling:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

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**CERTIFIED MAIL**  
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Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

Dear Ms. Winter-Jabeck:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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TALLAHASSEE  
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WASHIN

0542

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

Dear Mr. Finn:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

Dear Mr. Witt:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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SAN DIEGO  
SAN DIEGO/DEL MAR  
FRANCISCO  
HONG KONG

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

0544

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

Dear Mr. Bruss:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

THE GLEN ENDOSCOPY CENTER  
2551 COMPASS ROAD  
GLENVIEW, IL 60026  
Attn: Ronald Bloom, MD

Dear Dr. Bloom:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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CISCO

SILICON VALLEY  
TALLAHASSEE  
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TOKYO  
WASHIN

0546

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

Dear Mr. Struxness:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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SILICON VALLEY  
TALLAHASSEE  
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WASHINGTON

0547

ATTACHMENT

27



FOLEY & LARDNER LLP

September 23, 2010

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

Dear Mr. Hasbrouck:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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0548

ATTACHMENT

27





FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

Dear Ms. Nordstrom-Lopez:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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0549

ATTACHMENT



FOLEY & LARDNER LLP

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September 23, 2010

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098650-0101

**CERTIFIED MAIL**  
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Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

Dear Mr. Green:

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK

0550

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SAN FRANCISCO  
SIÊU HẢI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

Dear Mr. Magoon:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

NORTHWEST SURGICARE HEALTHSOUTH  
1100 WEST CENTRAL ROAD  
ARLINGTON HEIGHTS, IL 60005  
Attn: Karolynn Welu-Kuecker

Dear Ms. Welu-Kuecker:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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September 23, 2010

CLIENT/MATTER NUMBER  
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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

NORTHWEST COMMUNITY DAY SURG.  
675 WEST KIRCHOFF ROAD  
ARLINGTON HEIGHTS, IL 60005  
Attn: Meaghan Reshoft

Dear Ms. Reshoft:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

Dear Mr. Crowther:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

Dear Mr. Hillebrand:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Silver Cross Hospital  
US-6 & N Clinton St  
New Lenox, IL 60451  
Attn: Paul Pawlak

Dear Mr. Pawlak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC





FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Illinois Sports Medicine & Orthopedic Surgery  
Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

Dear Mr. Parrish:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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September 23, 2010

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098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

CMP SURGICENTER  
3412 WEST FULLERTON  
CHICAGO, IL 60647  
Attn: Janet Flojo

Dear Ms. Flojo:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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WAS

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ATTACHMENT  
27

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Little Company of Mary Hospital and Health Care  
Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

Dear Mr. Reilly:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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foley.com

September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

University Of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

Dear Ms. Wilson:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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FOLEY & LARDNER LLP

September 23, 2010

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**CERTIFIED MAIL**  
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Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

Dear Ms. Zimmerman:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

Dear Ms. Taus:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK  
ORLANDO  
PHOENIX

SAN DIEGO  
SAN DIEGO/DEL MAR  
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HONG KONG

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHDC

0562

ATTACHMENT  
27

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

Dear Ms. Estrada:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

Dear Ms. Davis:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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321 NORTH CLARK STREET, SUITE 2800  
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September 23, 2010

CLIENT/MATTER NUMBER  
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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

Dear Mr. Pryor:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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WASHI

0565

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SIX CORNERS SAME DAY SURGERY  
4211 NORTH CICERO AVENUE  
CHICAGO, IL 60647  
Attn: Sarned Elias, MD

Dear Dr. Elias:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SOUTHWEST SURGERY CENTER, L.L.C.  
9295 West 191st Street  
MOKENA, IL 60448  
Attn: James Kuyper

Dear Mr. Kuyper:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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TALLAHASSEE  
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TOKYO  
WASHINGTON

0567

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

INGALLS SAME DAY SURGERY  
6701 WEST 159TH STREET  
TINLEY PARK, IL 60477  
Attn: Anne Cole

Dear Ms. Cole:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
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**CERTIFIED MAIL**  
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AMERICAN WOMEN'S MEDICAL GROUP  
2744 NORTH WESTERN AVENUE  
Chicago, IL 60647  
Attn: Renlin Xia, MD

Dear Dr. Xia:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
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TALLAHASSEE  
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0569

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
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September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

THE SURGERY CENTER AT 900 N. MICHIG  
60 EAST DELAWARE  
CHICAGO, IL 60611  
Attn: Guita Griffiths

Dear Ms. Griffiths:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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27



FOLEY & LARDNER LLP

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

WATERTOWER SURGICENTER  
845 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60611  
Attn: Paul Madison, MD

Dear Dr. Madison:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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TOP  
WA:

0571

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

Dear Ms. Edwards:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC





FOLEY & LARDNER LLP

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**CERTIFIED MAIL**  
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MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

Dear Mr. Kimmel:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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**CERTIFIED MAIL**  
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Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

Dear Mr. Lerner:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

The proposed ASTC will have a single procedure room and will offer the same exact services that are currently being performed at the Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the ASTC will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. For your reference, in 2009, physicians at the Facility performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures.

Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
SHANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TO  
WA

0574

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

Dear Mr. Myers:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

Dear Ms. Kersting:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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CHICAGO  
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SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASH

0576

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ALBANY MEDICAL SURGICAL CENTER  
5086 NORTH ELSTON AVENUE  
CHICAGO, IL 60630  
Attn: Diana Maracich

Dear Ms. Maracich:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

DIMENSIONS MEDICAL CENTER, LTD.  
1455 GOLF ROAD  
DES PLAINES, IL 60016  
Attn: Vera Schmidt

Dear Ms. Schmidt:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

FOOT & ANKLE SURGICAL CENTER  
1455 GOLF ROAD  
DES PLAINES, IL 60016  
Attn: Lowell Scott Weil

Dear Mr. Weil:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

  
Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Northwestern Memorial Hospital  
251 East Huron St  
Chicago, IL 60611  
Attn: Dean Harrison

Dear Mr. Harrison:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

Dear Mr. Thomas:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

Dear Mr. Okasha:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

GOLF SURGICAL CENTER  
8901 GOLF ROAD  
DES PLAINES, IL 60016  
Attn: Nicholas Lygizos, MD

Dear Dr. Lygizos:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

Dear Mr. Baird:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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NGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYC  
WASHI

0584

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

GRAND AVENUE SURGICAL CENTER  
15 WEST GRAND AVENUE  
CHICAGO, IL 60610  
Attn: Joe Jafari

Dear Mr. Jafari:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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SHANGHAI

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TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

0585

ATTACHMENT

September 23, 2010

ATTORNEYS AT LAW  
321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

RIVER NORTH SAME DAY SURGERY  
CENTER  
ONE EAST ERIE STREET  
CHICAGO, IL 60611  
Attn: Patty Wamsley

Dear Ms. Wamsley:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

Dear Ms. McDermott:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

TINLEY WOODS SURGERY CENTER  
17896 96th Avenue  
TINLEY PARK, IL 60477  
Attn: Ronald Ladniak

Dear Mr. Ladniak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE

0588

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
HANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

ATTACHMENT



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**HYDE PARK SURGERY CENTER, LLC**  
1644 EAST 53RD STREET  
CHICAGO, IL 60615  
Attn: Fortunee Massuda

Dear Ms. Massuda:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

25 EAST SAME DAY SURGERY  
25 EAST WASHINGTON  
CHICAGO, IL 60602  
Attn: Patricia Wamsley

Dear Ms. Wamsley:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

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MILWAUKEE

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
SAN JOSE  
WASHINGTON

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TULSA  
WASHINGTON

0590

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

Dear Ms. Van Straten:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

Dear Ms. McDermott:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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ANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHII

0592

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Belmont/Harlem Surgery Center  
3101 NORTH HARLEM AVENUE  
CHICAGO, IL 60634  
Attn: Faith McHale

Dear Ms. McHale:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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TALLAHASSEE  
TAMPA  
TOKYO  
WASHDC

0593

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

Dear Ms. Lewis:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Villa, IL 60007  
Attn: Sherri Vincent

Dear Ms. Vincent:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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TOKYO  
WASHI

0595

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

Dear Sister Donna Marie:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Advocate Lutheran General Hospital  
1800 Parkside Dr  
Park Ridge, IL 60068  
Attn: David Stark

Dear Mr. Stark:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ORLAND PARK SURGICAL CENTER, LLC  
9550 WEST 167TH STREET  
ORLAND PARK, IL 60467  
Attn: Erika Horstmann

Dear Ms. Horstmann:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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TOKYO  
WASHIP

0598

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ILLINOIS CENTER FOR FOOT & ANKLE  
SURGERY, INC.  
4650 SOUTHWEST HIGHWAY  
OAK LAWN, IL 60453  
Attn: Tina Heffeman

Dear Ms. Heffeman:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Advocate Christ Hospital and Medical Center  
9500 South Kenneth Ave  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

Dear Mr. Lukhard:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK

0600

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
SHANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

ATTACHMENT  
27

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

Dear Mr. O'Grady:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

Dear Ms. Kiel:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Sacred Heart Hospital  
3240 West Franklin Blvd  
Chicago, IL 60624  
Attn: Edward Novak

Dear Mr. Novak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

THE CENTER FOR SURGERY  
475 EAST DIEHL ROAD  
NAPERVILLE, IL 60563  
Attn: Anthony Fato

Dear Mr. Fato:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

MILWAUKEE  
NEW YORK

0604

SAN DIEGO  
SAN DIEGO/DEL MAR  
FRANCISCO  
NGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHIN

ATTACHMENT



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**ALDEN CENTER FOR DAY SURGERY  
CENTER, LLC  
1580 WEST LAKE STREET  
ADDISON, IL 60101  
Attn: Ali Nili

Dear Ms. Nili:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, MD

Dear Dr. Chua:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

**ATTORNEYS AT LAW**321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.comCLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

Dear Mr. Mace:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

Dear Mr. Denardo:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
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MADISON  
MIAMI

MILWAUKEE  
NEW YORK  
ORLANDO

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

0608

ATTACHMENT  
27

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

Dear Ms. Kenworthy:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**ADVANTAGE HEALTH CARE, LTD.  
203 EAST IRVING PARK ROAD  
WOOD DALE, IL 60191  
Attn: Aimee Dillard

Dear Ms. Dillard:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

**ATTORNEYS AT LAW**321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.comCLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**ADVANCED AMBULATORY SURGICAL  
CENTER  
2333 NORTH HARLEM AVENUE  
CHICAGO, IL 60707  
Attn: Severko Hrywnak, MD

Dear Dr. Hrywnak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**RUSH SURGICENTER - PROF. BLDG.  
1725 WEST HARRISON  
CHICAGO, IL 60612  
Attn: Barbara Ramsey

Dear Ms. Ramsey:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

Dear Mr. Medaglia:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

The proposed ASTC will have a single procedure room and will offer the same exact services that are currently being performed at the Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the ASTC will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. For your reference, in 2009, physicians at the Facility performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures.

Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Mount Sinai Hospital Medical Center  
1501 S California Ave  
Chicago, IL 60608  
Attn: Alan Channing

Dear Mr. Channing:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ELMWOOD PARK SAME DAY SURGERY,  
LLC  
1614 NORTH HARLEM AVENUE  
ELMWOOD PARK, IL 60707  
Attn: Patricia Wamsley

Dear Ms. Wamsley:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
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MADISON  
MIAMI

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ORLANDO

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SHANGHAI

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TALLAHASSEE  
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ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

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CHICAGO, IL 60654-5313  
312.832.4500 TEL  
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foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

John H. Stroger Hospital of Cook County  
1901 W. Harrison St. - Suite 5650  
Chicago, IL 60612  
Attn: Johnny Brown

Dear Mr. Brown:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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SHANGHAI

SILICON VALLEY  
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ATTACHMENT



FOLEY & LARDNER LLP

September 23, 2010

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CHICAGO, IL 60654-5313  
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312.832.4700 FAX  
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CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Rush University Medical Center  
1653 West Congress Parkway  
Chicago, IL 60612  
Attn: Larry Goodman

Dear Mr. Goodman:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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SAN DIEGO  
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321 NORTH CLARK STREET, SUITE 2800  
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312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, IL 60463  
Attn: Thomas Holecek

Dear Mr. Holecek:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, IL 60453  
Attn: Wayne Lue

Dear Mr. Lue:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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0619

ATTACHMENT



FOLEY & LARDNER LLP

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321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SOUTHWESTERN MEDICAL CENTER, L.L.C.  
7456 South State Road  
BEDFORD PARK, IL 60638  
Attn: Administrator

Dear Administrator:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Palos Community Hospital  
12251 South 80th Avenue  
Palos Heights, IL 60463  
Attn: Sister Margaret Wright

Dear Sister Margaret:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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TAMPA  
TOKYO  
WASHIN

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**West Suburban Hospital  
622 North Austin Ave  
Oak Park, IL 60302  
Attn: Pat Shehorn

Dear Mr. Shehorn:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, IL 60160  
Attn: Kenneth Fishbain

Dear Mr. Fishbain:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, IL 60453  
Attn: Jo Ann Depergola

Dear Ms. Depergola:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

NOVAMED SURGERY CENTER OF RIVER  
FOR  
7427 WEST LAKE STREET  
RIVER FOREST, IL 60305  
Attn: John Calta

Dear Mr. Calta:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

The proposed ASTC will have a single procedure room and will offer the same exact services that are currently being performed at the Facility; to wit, extracorporeal shockwave lithotripsy procedures and laser procedures. As set forth in the Application, the Applicant is projecting that physicians at the ASTC will perform 2,115 unilateral extracorporeal shockwave lithotripsy procedures, 40 bilateral extracorporeal shockwave lithotripsy procedures, and 232 laser procedures in 2011. For your reference, in 2009, physicians at the Facility performed 1,760 unilateral extracorporeal shockwave lithotripsy procedures, 36 bilateral extracorporeal shockwave lithotripsy procedures, and 194 laser procedures.

Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

BOSTON  
BRUSSELS  
CHICAGO  
DETROIT

JACKSONVILLE  
LOS ANGELES  
MADISON  
MIAMI

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ORLANDO

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
SHANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHINGTON

0625

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Westlake Community Hospital  
1225 W Lake St  
Melrose Park, IL 60160  
Attn: Pat Shehorn

Dear Mr. Shehorn:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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September 23, 2010

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098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, IL 60148  
Attn: Administrator

Dear Administrator:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Elmhurst Memorial Hospital  
York Rd & Roosevelt Rd  
Elmhurst, IL 60126  
Attn: Leo Fronza

Dear Mr. Fronza:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Loretto Hospital  
645 South Central Avenue  
Chicago, IL 60644  
Attn: Steve Drucker

Dear Mr. Drucker:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

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foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNS GROVE, IL 60515  
Attn: Ronald Ladniak

Dear Mr. Ladniak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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0630

ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, IL 60515  
Attn: David Fox

Dear Mr. Fox:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

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321 NORTH CLARK STREET, SUITE 2800  
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312.832.4500 TEL  
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foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, IL 60304  
Attn: Bruce Elegant

Dear Mr. Elegant:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

LOYOLA AMB. SURG. CTR. AT OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, IL 60181  
Attn: Geoffrey Abbott

Dear Mr. Abbott:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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FOLEY & LARDNER LLP

September 23, 2010

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**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ELMHURST MEDICAL & SURGICAL CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attn: Administrator

Dear Administrator:

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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, IL 60458  
Attn: Joy Moore

Dear Ms. Moore:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC



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**CERTIFIED MAIL**  
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MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, IL 60402  
Attn: Brian Lemon

Dear Mr. Lemon:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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MIAMI

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ORLANDO  
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SAN DIEGO  
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SAN FRANCISCO  
SHANGHAI

SILICON VALLEY  
TALLAHASSEE  
TAMPA  
TOKYO  
WASHI



September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**Salt Creek Surgery Center  
530 NORTH CASS AVENUE  
WESTMONT, IL 60559  
Attn: Ronald Ladniak

Dear Mr. Ladniak:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

The proposed ASTC will occupy 3,934 rentable square feet. The cost of the Project is \$1,118,510.74; consisting of \$627,415.36 in fair market value lease payments, \$377,195.38 in renovation related costs, and \$113,900 for architectural, consulting and permitting fees. The proposed ASTC will occupy the exact same space as the Applicant's current Facility, which has been in existence since 1995.

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Pursuant to Section 1110.1540(e) of the Board's rules, we are providing you with notice of the Application and ask for your assessment of the impact that the Project will have on your facility. If you elect to respond, please identify the impact, in terms of patient loss, that the Project will have on your facility.

Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

OAK BROOK SURGICAL CENTER, THE  
2425 WEST 22ND STREET  
OAKBROOK, IL 60523  
Attn: Ali Nili

Dear Ms. Nili:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,



Edward J. Green  
Counsel to United Urology Centers LLC



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, IL 60153  
Attn: Daniel Post

Dear Mr. Post:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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0639

ATTACHMENT



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, IL 60559  
Attn: Jennifer Cichon

Dear Ms. Cichon:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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312.832.4500 TEL  
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foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, IL 60126  
Attn: Tina Mentz

Dear Ms. Mentz:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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312.832.4500 TEL  
312.832.4700 FAX  
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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, IL 60521  
Attn: David Crane

Dear Mr. Crane:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, IL 60154  
Attn: Tom Schubnell

Dear Mr. Schubnell:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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TALLAHASSEE  
TAMPA  
TOKYO  
WASHI

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ATTACHMENT



FOLEY & LARDNER LLP

September 23, 2010

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
CHICAGO, IL 60654-5313  
312.832.4500 TEL  
312.832.4700 FAX  
foley.com

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, IL 60521  
Attn: Brian Smith, MD

Dear Dr. Smith:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Edward J. Green  
Counsel to United Urology Centers LLC

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FOLEY & LARDNER LLP

ATTORNEYS AT LAW

321 NORTH CLARK STREET, SUITE 2800  
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312.832.4500 TEL  
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September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, IL 60521  
Attn: Fernando Gruta

Dear Mr. Gruta:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Counsel to United Urology Centers LLC

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ATTACHMENT

September 23, 2010

CLIENT/MATTER NUMBER  
098650-0101**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, IL 60525  
Attn: Rick Wright

Dear Mr. Wright:

I am writing on behalf of United Urology Centers LLC (the "Applicant") to inform you of our intent to file a certificate of need application (the "Application") with the Illinois Health Facilities & Services Review Board (the "Board") to establish a single specialty, ambulatory surgical treatment center (the "ASTC") at the Applicant's current lithotripsy and laser center (the "Facility") located at 120 North LaGrange Road in LaGrange, Illinois, 60525 (the "Project").

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Sincerely,

Edward J. Green  
Counsel to United Urology Centers LLC

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35683 VERSION: 1008  
U.S. PAT. NO. 5,501,393

Rogers Park One Day Surgery Center  
7616 North Paulina  
Chicago, IL 60626  
Attn: Michael Castro

Label #1

Rogers Park One Day Surgery Center  
7616 North Paulina  
Chicago, IL 60626  
Attn: Michael Castro

Label #2

Label #3

7160 3901 9848 1853 3947

**TO:** Rogers Park One Day Surgery Center  
7616 North Paulina  
Chicago, IL 60626  
Attn: Michael Castro

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Rogers Park One Day Surgery Center  
7616 North Paulina  
Chicago, IL 60626  
Attn: Michael Castro

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

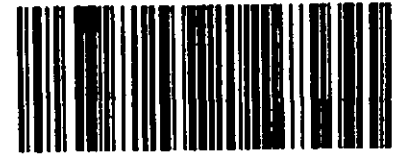
7160 3901 9848 1853 3947

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3947

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3947

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Rogers Park One Day Surgery Center  
7616 North Paulina  
Chicago, IL 60626  
Attn: Michael Castro

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0647

ATTACHMENT

27

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

THE  
WALZ  
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MAILER™

FROM

**WALZ™**

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3954

St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

Label #1

St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

Label #2

Label #3

**TO:** St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

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US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 3954

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3954

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3954

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

St. Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202  
Attn: Jeff Murphy

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent  
 Addressee

**X**

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0648

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/05  
U.S. PAT. NO. 6,501,393

Provena Saint Joseph Medical Center  
333 N. Madison Street  
Joliet, IL 60435

Label #1

Provena Saint Joseph Medical Center  
333 N. Madison Street  
Joliet, IL 60435

Label #2

Label #3

7160 3901 9848 1853 3961

**TO:** Provena Saint Joseph Medical Center  
333 N. Madison Street  
Joliet, IL 60435

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Provena Saint Joseph Medical Center  
333 N. Madison Street  
Joliet, IL 60435

Charge  
Amount: 0

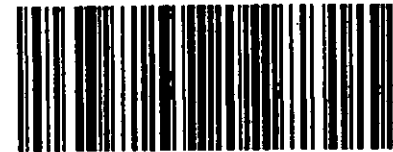
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3961

Certified Article Number

7160 3901 9848 1853 3961

SENDERS RECORD

2. Article Number



7160 3901 9848 1853 3961

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Provena Saint Joseph Medical Center  
333 N. Madison Street  
Joliet, IL 60435

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0649

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FHMM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

Lakeshore Physicians & Surgery Center  
7200 N. Western Avenue  
Chicago, IL 60645  
Attn: Yvette Barnabas

Label #1

Lakeshore Physicians & Surgery Center  
7200 N. Western Avenue  
Chicago, IL 60645  
Attn: Yvette Barnabas

Label #2

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

7160 3901 9848 1853 3978

TO: Lakeshore Physicians & Surgery Center  
7200 N. Western Avenue  
Chicago, IL 60645  
Attn: Yvette Barnabas

SENDER: E. Green

REFERENCE: United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

← TEAR ALONG THIS LINE

Label #5

Lakeshore Physicians & Surgery Center  
7200 N. Western Avenue  
Chicago, IL 60645  
Attn: Yvette Barnabas

Charge  
Amount: 0

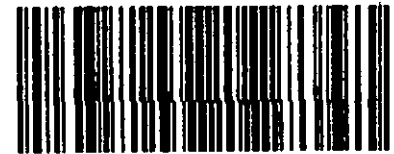
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3978

Certified Article Number

7160 3901 9848 1853 3978

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3978

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Lakeshore Physicians & Surgery Center  
7200 N. Western Avenue  
Chicago, IL 60645  
Attn: Yvette Barnabas

0650

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/05  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 3985

Kendall Pointe Surgery Center, LLC  
100 West Fifth Street  
Oswego, IL 60543  
Attn: Angie Burns

**TO:** Kendall Pointe Surgery Center, LLC  
100 West Fifth Street  
Oswego, IL 60543  
Attn: Angie Burns

Label #1

Kendall Pointe Surgery Center, LLC  
100 West Fifth Street  
Oswego, IL 60543  
Attn: Angie Burns

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-1010

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

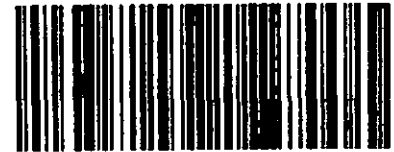
Label #4

Kendall Pointe Surgery Center, LLC  
100 West Fifth Street  
Oswego, IL 60543  
Attn: Angie Burns

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3985

Certified Article Number

7160 3901 9848 1853 3985

SENDER'S RECORD

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 3985

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Kendall Pointe Surgery Center, LLC  
100 West Fifth Street  
Oswego, IL 60543  
Attn: Angie Burns

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-1010

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0651

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35863 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4005

Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

**TO:** Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

Label #1

Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4005

Certified Article Number

7160 3901 9848 1853 4005

SENDER'S RECORD

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4005

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659  
Attn: Tess Sagaidoro

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0652

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4012

St. James Hospital & Health Center  
4 E. 14th Street  
Chicago Heights, IL 60411  
Attn: Tom Senesac

Label #1

St. James Hospital & Health Center  
4 E. 14th Street  
Chicago Heights, IL 60411  
Attn: Tom Senesac

Label #2

Label #3

**TO:** St. James Hospital & Health Center  
4 E. 14th Street  
Chicago Heights, IL 60411  
Attn: Tom Senesac

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

St. James Hospital & Health Center  
4 E. 14th Street  
Chicago Heights, IL 60411  
Attn: Tom Senesac

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4012

Certified Article Number

7160 3901 9848 1853 4012

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4012

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

St. James Hospital & Health Center  
4 E. 14th Street  
Chicago Heights, IL 60411  
Attn: Tom Senesac

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1? If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0653

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/08  
U.S. PAT. NO. 5,601,393

7160 3901 9848 1853 4029

Surgicare Center, Inc.  
333 Dixie Highway  
Chicago Heights, IL 60411  
Attn: Seth Warren

Label #1

Surgicare Center, Inc.  
333 Dixie Highway  
Chicago Heights, IL 60411  
Attn: Seth Warren

Label #2

Label #3

**TO:** Surgicare Center, Inc.  
333 Dixie Highway  
Chicago Heights, IL 60411  
Attn: Seth Warren

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

Surgicare Center, Inc.  
333 Dixie Highway  
Chicago Heights, IL 60411  
Attn: Seth Warren

Charge  
Amount: 0

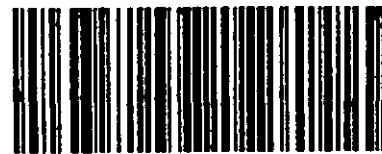
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4029

Certified Article Number

7160 3901 9848 1853 4029

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4029

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Surgicare Center, Inc.  
333 Dixie Highway  
Chicago Heights, IL 60411  
Attn: Seth Warren

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0654

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4036

Skokie Hospital  
9600 Gross Point Road  
Skokie, Illinois 60076  
Attn: Jeffrey Hillebrand

Label #1

Skokie Hospital  
9600 Gross Point Road  
Skokie, Illinois 60076  
Attn: Jeffrey Hillebrand

Label #2

Label #3

**TO:** Skokie Hospital  
9600 Gross Point Road  
Skokie, Illinois 60076  
Attn: Jeffrey Hillebrand

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Skokie Hospital  
9600 Gross Point Road  
Skokie, Illinois 60076  
Attn: Jeffrey Hillebrand

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4036

Certified Article Number

9804 5911 8448 1853 4036

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4036

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Skokie Hospital  
9600 Gross Point Road  
Skokie, Illinois 60076  
Attn: Jeffrey Hillebrand

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0655

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4043

Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

Label #1

Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

Label #2

Label #3

**TO:** Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4043

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4043

2. Article Number



7160 3901 9848 1853 4043

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Methodist Hospital of Chicago  
5025 North Paulina Street  
Chicago, IL 60640  
Attn: Wolfgang Mayer

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0656

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35683 VERSION: 10/06  
U.S. PAT. NO. 5,601,393

7160 3901 9848 1853 4050

Midwest Eye Center, S.C.  
1700 West Road  
Calumet City, IL 60409  
Attn: Marlene Rinella

Label #1

Midwest Eye Center, S.C.  
1700 West Road  
Calumet City, IL 60409  
Attn: Marlene Rinella

Label #2

Label #3

**TO:** Midwest Eye Center, S.C.  
1700 West Road  
Calumet City, IL 60409  
Attn: Marlene Rinella

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	<b>Total Postage &amp; Fees</b>	<b>0.00</b>

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

Midwest Eye Center, S.C.  
1700 West Road  
Calumet City, IL 60409  
Attn: Marlene Rinella

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4050

Certified Article Number

7160 3901 9848 1853 4050

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4050

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Midwest Eye Center, S.C.  
1700 West Road  
Calumet City, IL 60409  
Attn: Marlene Rinella

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0657

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3824

Surgicore  
10547 S. Ewing Avenue  
Chicago, IL 60617  
Attn: Michael Wood

Label #1

Surgicore  
10547 S. Ewing Avenue  
Chicago, IL 60617  
Attn: Michael Wood

Label #2

Label #3

**TO:** Surgicore  
10547 S. Ewing Avenue  
Chicago, IL 60617  
Attn: Michael Wood

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Surgicore  
10547 S. Ewing Avenue  
Chicago, IL 60617  
Attn: Michael Wood

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 3824

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

## CERTIFIED MAIL



7160 3901 9848 1853 3824

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3824

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Surgicore  
10547 S. Ewing Avenue  
Chicago, IL 60617  
Attn: Michael Wood

0658

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35663 VERSION: 1008  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3831

St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

**TO:** St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

Label #1

St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3831

Certified Article Number

7160 3901 9848 1853 3831

SENDER'S RECORD

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3831

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields, IL 60461  
Attn: Tom Senesac

0659

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3848

North Shore Same Day Surgery Center  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

Label #1

North Shore Same Day Surgery Center  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

Label #2

Label #3

**TO:** North Shore Same Day Surgery Center  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

North Shore Same Day Surgery Center  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3848

Certified Article Number

7160 3901 9848 1853 3848

SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

2. Article Number



7160 3901 9848 1853 3848

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

North Shore Same Day Surgery Center  
3725 West Touhy Avenue  
Lincolnwood, IL 60712  
Attn: Kimberly Zidonis

0660

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35563 VERSION: 1008  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3855

**TO:** Novamed Surgery Center of  
Chicago North Shore  
3034 W. Peterson  
Chicago, IL 60659  
Attn: Troy Litch

Label #1

Novamed Surgery Center of  
Chicago North Shore  
3034 W. Peterson  
Chicago, IL 60659  
Attn: Troy Litch

Label #2

Novamed Surgery Center of  
Chicago North Shore  
3034 W. Peterson  
Chicago, IL 60659  
Attn: Troy Litch

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Novamed Surgery Center of  
Chicago North Shore  
3034 W. Peterson  
Chicago, IL 60659  
Attn: Troy Litch

Charge  
Amount: 0

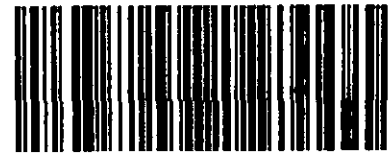
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3855

Certified Article Number

7160 3901 9848 1853 3855

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3855

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Novamed Surgery Center of  
Chicago North Shore  
3034 W. Peterson  
Chicago, IL 60659  
Attn: Troy Litch

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0661

ATTACHMENT

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION: 10/00  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3862

Swedish Covenant Hospital  
5145 N. California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

Label #1

Swedish Covenant Hospital  
5145 N. California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

Label #2

Label #3

**TO:** Swedish Covenant Hospital  
5145 N. California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Swedish Covenant Hospital  
5145 N. California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 3862

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3862

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

2. Article Number



7160 3901 9848 1853 3862

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Swedish Covenant Hospital  
5145 N. California Avenue  
Chicago, IL 60625  
Attn: Mark Newton

0662

ATTACHMENT

27

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #30003 VERSION: 1/04/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3879

Label #1

Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

Label #2

Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

Label #3

**TO:** Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

Charge  
Amount: 0

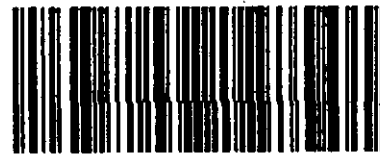
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #8

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3879

Certified Article Number

7160 3901 9848 1853 3879

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3879

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Thorek Memorial Hospital  
850 West Irving Park  
Chicago, IL 60613  
Attn: Frank Solare

0663

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

**THE WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #38003 VERSION 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3886

**TO:** Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

Label #1

Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

Label #2

Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	<b>Total Postage &amp; Fees</b>	<b>0.00</b>

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

Label #5

Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3886

Certified Article Number

7160 3901 9848 1853 3886

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3886

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, IL 60640  
Attn: Jeff Meigs

0664

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

**THE  
WALZ  
CERTIFIED  
MAILER™**

FROM **WALZ™**

FORM 38003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3893

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

Label #1

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

Label #2

Label #3

**TO:** Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

**Certified Article Number**  
6892 5591 9848 1853 3893  
**SENDERS RECORD**

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3893

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3893

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628  
Attn: Ron Krol

0665

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 38000 VENDOR USE  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3909

South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

Label #1

South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

Label #2

Label #3

**TO:** South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

← TEAR ALONG THIS LINE

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

Charge  
Amount: 0

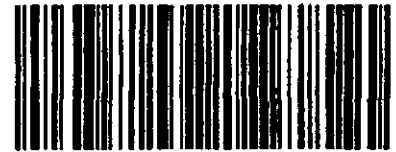
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3909

Certified Article Number

7160 3901 9848 1853 3909

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3909

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

South Shore Hospital  
8012 South Crandon  
Chicago, IL 60617  
Attn: Jesus Ong

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0666

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3800 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3916

Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, IL 60506  
Attn: Donna Cooper

Label #1

Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, IL 60506  
Attn: Donna Cooper

Label #2

Label #3

**TO:** Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, IL 60506  
Attn: Donna Cooper

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, IL 60506  
Attn: Donna Cooper

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 3916

Certified Article Number  
7160 3901 9848 1853 3916  
SENDERS RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Article Number



7160 3901 9848 1853 3916

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, IL 60506  
Attn: Donna Cooper

United Urology 098650-0101

E. Green

0667

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 3923

Castle Surgicenter, LLC  
2111 Ogden Avenue  
Aurora, IL 60504  
Attn: Donna Wilson

Label #1

Castle Surgicenter, LLC  
2111 Ogden Avenue  
Aurora, IL 60504  
Attn: Donna Wilson

Label #2

Label #3

**TO:** Castle Surgicenter, LLC  
2111 Ogden Avenue  
Aurora, IL 60504  
Attn: Donna Wilson

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Castle Surgicenter, LLC  
2111 Ogden Avenue  
Aurora, IL 60504  
Attn: Donna Wilson

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 3923

Certified Article Number

7160 3901 9848 1853 3923

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 3923

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Castle Surgicenter, LLC  
2111 Ogden Avenue  
Aurora, IL 60504  
Attn: Donna Wilson

0668

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4579

Edward Plainfield Surgery Center  
24600 W. 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

**TO:** Edward Plainfield Surgery Center  
24600 W. 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

Label #1

Edward Plainfield Surgery Center  
24600 W. 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Edward Plainfield Surgery Center  
24600 W. 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4579

Certified Article Number

7160 3901 9848 1853 4579

SENDER'S RECORD

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4579

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Edward Plainfield Surgery Center  
24600 W. 127th Street  
Plainfield, IL 60544  
Attn: Barb Ebling

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0669

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4586

Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

Label #1

Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

Label #2

Label #3

**TO:** Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

Charge  
Amount: 0

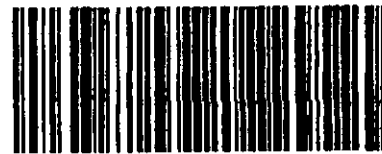
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4586

Certified Article Number

7160 3901 9848 1853 4586

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4586

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Ravine Way Surgery Center  
2350 Ravine Way  
Glenview, IL 60025  
Attn: Melody Winter-Jabeck

0670

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FHMM #35683 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4616

Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

Label #1

Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

Label #2

Label #3

**TO:** Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

Charge  
Amount: 0

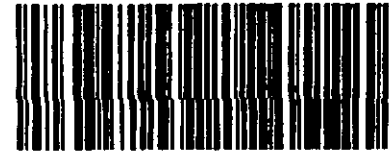
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4616

Certified Article Number

7160 3901 9848 1853 4616

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4616

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Rush Copley Memorial Hospital  
2000 Ogden Avenue  
Aurora, IL 60504  
Attn: Barry Finn

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0671

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4623

**TO:** Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

Label #1

Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

Label #2

Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #4

Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

Charge Amount: 0

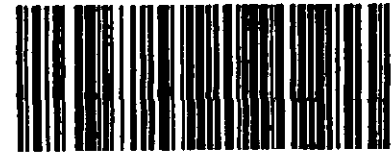
Charge To:

FOLD AND TEAR THIS WAY →

Label #5

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4623

Certified Article Number

7160 3901 9848 1853 4623

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4623

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Provena Mercy Center  
1325 North Highland Avenue  
Aurora, IL 60506  
Attn: James Witt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0672

ATTACHMENT

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4630

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

Label #1

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

Label #2

Label #3

**TO:** Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

Charge  
Amount: 0

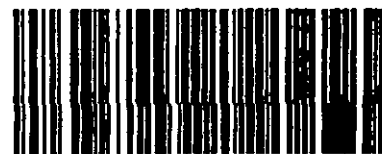
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4630

Certified Article Number

7160 3901 9848 1853 4630

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4630

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617  
Attn: Jonathan Bruss

0673

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM 38003 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4647

**TO:** The Glen Endoscopy Center  
2551 Compass Road  
Glenview, IL 60026  
Attn: Ronald Bloom, MD

Label #1

The Glen Endoscopy Center  
2551 Compass Road  
Glenview, IL 60026  
Attn: Ronald Bloom, MD

Label #2

The Glen Endoscopy Center  
2551 Compass Road  
Glenview, IL 60026  
Attn: Ronald Bloom, MD

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

The Glen Endoscopy Center  
2551 Compass Road  
Glenview, IL 60026  
Attn: Ronald Bloom, MD

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4647

Certified Article Number

7160 3901 9848 1853 4647

SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

2. Article Number



7160 3901 9848 1853 4647

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

The Glen Endoscopy Center  
2551 Compass Road  
Glenview, IL 60026  
Attn: Ronald Bloom, MD

0674

ATTACHMENT

27

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #30683 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

Label #1

Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

Label #2

Label #3

7160 3901 9848 1853 4654

**TO:** Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

Charge  
Amount: 0

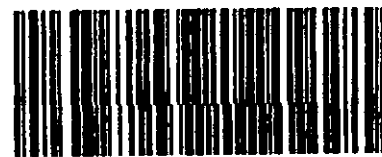
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4654

Certified Article Number

7160 3901 9848 1853 4654

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4654

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Saint Joseph Health Centers & Hospital  
2900 North Lake Shore W  
Chicago, IL 60657  
Attn: Ron Struxness

0675

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT  
27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4661

Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

Label #1

Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

Label #2

Label #3

**TO:** Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4661

Certified Article Number

7160 3901 9848 1853 4661

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4661

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago, IL 60649  
Attn: Merritt Hasbrouck

0676

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4678

Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

Label #1

Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

Label #2

Label #3

**TO:** Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

Charge  
Amount: 0

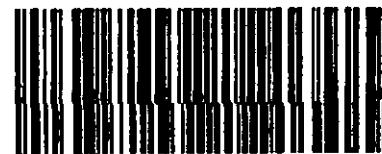
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4678

Certified Article Number

7160 3901 9848 1853 4678

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4678

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate Illinois Masonic Medical Center  
836 West Wellington  
Chicago, IL 60657  
Attn: Susan Nordstrom-Lopez

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0677

ATTACHMENT  
27

you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35863 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4685

Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

Label #1

Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

Label #2

Label #3

**TO:** Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

← TEAR ALONG THIS LINE

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4685

Certified Article Number

7160 3901 9848 1853 4685

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4685

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Attn: Robert Green

0678

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 35063 VERSION: 10/05  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4838

Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

Label #1

Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

Label #2

Label #3

**TO:** Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

Charge  
Amount: 0

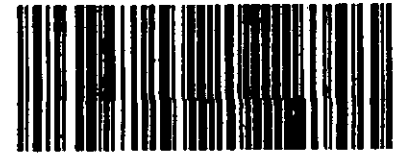
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4838

Certified Article Number  
7160 3901 9848 1853 4838  
SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4838

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Children's Memorial Hospital  
2300 Childrens Plaza  
Chicago, IL 60614  
Attn: Patrick Magoon

0679

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3000 VERSION 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4845

**TO:** Northwest Surgicare HealthSouth  
1100 West Central Road  
Arlington Heights, IL 60005  
Attn: Karolynn Welu-Kuecke

Label #1

Northwest Surgicare HealthSouth  
1100 West Central Road  
Arlington Heights, IL 60005  
Attn: Karolynn Welu-Kuecke

Label #2

Northwest Surgicare HealthSouth  
1100 West Central Road  
Arlington Heights, IL 60005  
Attn: Karolynn Welu-Kuecke

Label #3

← TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

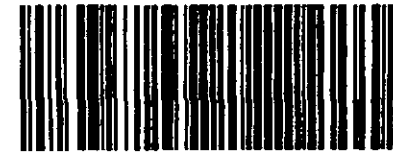
Label #5

Northwest Surgicare HealthSouth  
1100 West Central Road  
Arlington Heights, IL 60005  
Attn: Karolynn Welu-Kuecke

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4845

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4845

SENDER'S RECORD

2. Article Number



7160 3901 9848 1853 4845

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Northwest Surgicare HealthSouth  
1100 West Central Road  
Arlington Heights, IL 60005  
Attn: Karolynn Welu-Kuecke

0680

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

ATTACHMENT

27

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4852

**TO:** Northwest Community Day Surgery  
675 West Kirchoff Road  
Arlington Heights, IL 60005  
Attn: Meaghan Reshoft

Label #1

Northwest Community Day Surgery  
675 West Kirchoff Road  
Arlington Heights, IL 60005  
Attn: Meaghan Reshoft

Label #2

Northwest Community Day Surgery  
675 West Kirchoff Road  
Arlington Heights, IL 60005  
Attn: Meaghan Reshoft

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

Label #5

Northwest Community Day Surgery  
675 West Kirchoff Road  
Arlington Heights, IL 60005  
Attn: Meaghan Reshoft

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4852

Certified Article Number

7160 3901 9848 1853 4852

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4852

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Northwest Community Day Surgery  
675 West Kirchoff Road  
Arlington Heights, IL 60005  
Attn: Meaghan Reshoft

0681

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSURE TURB  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4869

**TO:** Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

Label #1

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

Label #2

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

TEAR ALONG THIS LINE

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

Charge  
Amount: 0

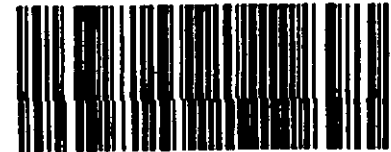
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4869

Certified Article Number

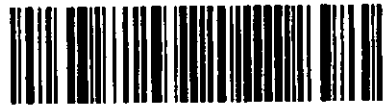
7160 3901 9848 1853 4869

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4869

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Attn: Bruce Crowther

0682

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Agent  
 Addressee  
 Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 3800, JANUARY 2005  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4876

Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

Label #1

Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

Label #2

Label #3

**TO:** Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4876

Certified Article Number

7160 3901 9848 1853 4876

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4876

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025  
Attn: Jeffrey Hillebrand

0683

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FUHM #3883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4883

**TO:** Silver Cross Hospital  
US-6 & North Clinton Street  
New Lenox, IL 60451  
Attn: Paul Pawlak

Label #1

Silver Cross Hospital  
US-6 & North Clinton Street  
New Lenox, IL 60451  
Attn: Paul Pawlak

Label #2

Silver Cross Hospital  
US-6 & North Clinton Street  
New Lenox, IL 60451  
Attn: Paul Pawlak

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Silver Cross Hospital  
US-6 & North Clinton Street  
New Lenox, IL 60451  
Attn: Paul Pawlak

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4883

Certified Article Number  
7160 3901 9848 1853 4883  
SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4883

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Silver Cross Hospital  
US-6 & North Clinton Street  
New Lenox, IL 60451  
Attn: Paul Pawlak

0684

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4890

Illinois Sports Medicine  
& Orthopedic Surgery Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

Label #1

Illinois Sports Medicine  
& Orthopedic Surgery Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

Label #2

Label #3

**TO:** Illinois Sports Medicine  
& Orthopedic Surgery Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Illinois Sports Medicine  
& Orthopedic Surgery Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

Charge  
Amount: 0

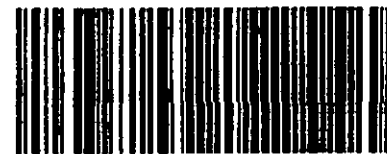
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4890

Certified Article Number

7160 3901 9848 1853 4890

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4890

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Illinois Sports Medicine  
& Orthopedic Surgery Center  
9000 Waukegan Road  
Morton Grove, IL 60053  
Attn: Lawrence Parrish

0685

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4906

**TO:** CMP Surgicenter  
3412 West Fullerton  
Chicago, IL 60647  
Attn: Janet Flojo

Label #1

CMP Surgicenter  
3412 West Fullerton  
Chicago, IL 60647  
Attn: Janet Flojo

Label #2

CMP Surgicenter  
3412 West Fullerton  
Chicago, IL 60647  
Attn: Janet Flojo

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

CMP Surgicenter  
3412 West Fullerton  
Chicago, IL 60647  
Attn: Janet Flojo

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4906

Certified Article Number

7160 3901 9848 1853 4906

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4906

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

CMP Surgicenter  
3412 West Fullerton  
Chicago, IL 60647  
Attn: Janet Flojo

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0686

ATTACHMENT

27

**THE  
WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FUHM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4913

**TO:** Little Company of Mary Hospital  
and Health Care Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

Label #1

Little Company of Mary Hospital  
and Health Care Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

Label #2

Little Company of Mary Hospital  
and Health Care Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Little Company of Mary Hospital  
and Health Care Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4913

Certified Article Number

7160 3901 9848 1853 4913

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4913

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Little Company of Mary Hospital  
and Health Care Center  
2800 West 95th Street  
Evergreen Park, IL 60642  
Attn: Dennis Reilly

0687

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4920

University of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

**TO:** University of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

Label #1

University of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

Label #2

Label #3

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

University of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4920

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4920

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

University of Chicago Medical Center  
5841 South Maryland  
Chicago, IL 60637  
Attn: Carolyn Wilson

0688

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

ATTACHMENT

27

Certified Article Number

7160 3901 9848 1853 4920

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4937

Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

Label #1

Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

Label #2

Label #3

**TO:** Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

Charge  
Amount: 0

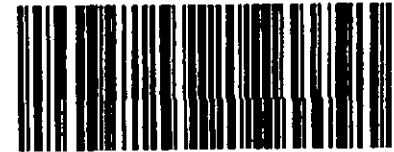
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4937

Certified Article Number

7160 3901 9848 1853 4937

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4937

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Hispanic-American Endoscopy Center  
3536 West Fullerton  
Chicago, IL 60647  
Attn: Karen Zimmerman

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0689

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FJHM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4753

Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

Label #1

Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

Label #2

Label #3

**TO:** Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

Charge  
Amount: 0

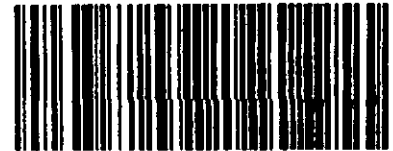
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4753

Certified Article Number

7160 3901 9848 1853 4753

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4753

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Central DuPage Hospital  
25 N. Winfield  
Winfield, IL 60190  
Attn: Maureen Taus

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0690

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38883 VERSION: 10/06  
U.S. PAT. NO. 6,501,383

7160 3901 9848 1853 4951

Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

Label #1

Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

Label #2

Label #3

**TO:** Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4951

Certified Article Number

7160 3901 9848 1853 4951

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4951

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634  
Attn: Ivette Estrada

0691

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 630003 VERSION: 1/05  
U.S. PAT. NO. 5,501,399

7160 3901 9848 1853 4968

Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

Label #1

Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

Label #2

Label #3

**TO:** Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

← TEAR ALONG THIS LINE

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4968

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4968

2. Article Number



7160 3901 9848 1853 4968

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Edward Hospital  
809 South Washington  
Naperville, IL 60566  
Attn: Pamela Meyer Davis

0692

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3000 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4975

**TO:** Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

Label #1

Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

Label #2

Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service	POSTMARK OR DATE
<b>Receipt for Certified Mail</b>	
No Insurance Coverage Provided Do Not Use for International Mail	

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

Charge Amount: 0

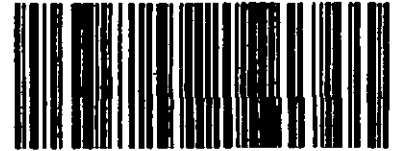
Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4975

Certified Article Number

7160 3901 9848 1853 4975

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4975

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426  
Attn: Vincent Pryor

0693

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4982

Six Corners Same Day Surgery  
4211 North Cicero Avenue  
Chicago, IL 60647  
Attn: Sarmed Elias, M.D.

Label #1

Six Corners Same Day Surgery  
4211 North Cicero Avenue  
Chicago, IL 60647  
Attn: Sarmed Elias, M.D.

Label #2

Label #3

**TO:** Six Corners Same Day Surgery  
4211 North Cicero Avenue  
Chicago, IL 60647  
Attn: Sarmed Elias, M.D.

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Six Corners Same Day Surgery  
4211 North Cicero Avenue  
Chicago, IL 60647  
Attn: Sarmed Elias, M.D.

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4982

Certified Article Number

7160 3901 9848 1853 4982

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4982

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Six Corners Same Day Surgery  
4211 North Cicero Avenue  
Chicago, IL 60647  
Attn: Sarmed Elias, M.D.

0694

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4999

**TO:** Southwest Surgery Center, L.L.C.  
9295 West 191st Street  
Mokena, IL 60448  
Attn: James Kuyper

Label #1

Southwest Surgery Center, L.L.C.  
9295 West 191st Street  
Mokena, IL 60448  
Attn: James Kuyper

Label #2

Southwest Surgery Center, L.L.C.  
9295 West 191st Street  
Mokena, IL 60448  
Attn: James Kuyper

Label #3

TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Southwest Surgery Center, L.L.C.  
9295 West 191st Street  
Mokena, IL 60448  
Attn: James Kuyper

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4999

Certified Article Number

7160 3901 9848 1853 4999

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4999

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Southwest Surgery Center, L.L.C.  
9295 West 191st Street  
Mokena, IL 60448  
Attn: James Kuyper

0695

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35663 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 5002

Ingalls Same Day Surgery  
6701 West 159th Street  
Tinley Park, IL 60477  
Attn: Anne Cole

Label #1

Ingalls Same Day Surgery  
6701 West 159th Street  
Tinley Park, IL 60477  
Attn: Anne Cole

Label #2

Label #3

**TO:** Ingalls Same Day Surgery  
6701 West 159th Street  
Tinley Park, IL 60477  
Attn: Anne Cole

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Ingalls Same Day Surgery  
6701 West 159th Street  
Tinley Park, IL 60477  
Attn: Anne Cole

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 5002

Certified Article Number

7160 3901 9848 1853 5002

SENDERS RECORD

2. Article Number



7160 3901 9848 1853 5002

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Ingalls Same Day Surgery  
6701 West 159th Street  
Tinley Park, IL 60477  
Attn: Anne Cole

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0696

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0052

**TO:** American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647  
Attn: Renlin Xia, M.D.

Label #1

American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647  
Attn: Renlin Xia, M.D.

Label #2

American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647  
Attn: Renlin Xia, M.D.

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

Label #5

American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647  
Attn: Renlin Xia, M.D.

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0052

Certified Article Number

7160 3901 9848 1853 0052

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0052

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647  
Attn: Renlin Xia, M.D.

0697

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0069

**TO:** The Surgery Center at 900 N. Michigan  
60 East Delaware  
Chicago, IL 60611  
Attn: Guita Griffiths

Label #1

The Surgery Center at 900 N. Michigan  
60 East Delaware  
Chicago, IL 60611  
Attn: Guita Griffiths

Label #2

The Surgery Center at 900 N. Michigan  
60 East Delaware  
Chicago, IL 60611  
Attn: Guita Griffiths

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

The Surgery Center at 900 N. Michigan  
60 East Delaware  
Chicago, IL 60611  
Attn: Guita Griffiths

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0069

Certified Article Number

7160 3901 9848 1853 0069

SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

2. Article Number



7160 3901 9848 1853 0069

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

The Surgery Center at 900 N. Michigan  
60 East Delaware  
Chicago, IL 60611  
Attn: Guita Griffiths

0698

ATTACHMENT

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0076

Watertower Surgicenter  
845 North Michigan Avenue  
Chicago, IL 60611  
Attn: Paul Madison, M.D.

Label #1

Watertower Surgicenter  
845 North Michigan Avenue  
Chicago, IL 60611  
Attn: Paul Madison, M.D.

Label #2

Label #3

**TO:** Watertower Surgicenter  
845 North Michigan Avenue  
Chicago, IL 60611  
Attn: Paul Madison, M.D.

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Watertower Surgicenter  
845 North Michigan Avenue  
Chicago, IL 60611  
Attn: Paul Madison, M.D.

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0076

Certified Article Number

7160 3901 9848 1853 0076

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0076

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Watertower Surgicenter  
845 North Michigan Avenue  
Chicago, IL 60611  
Attn: Paul Madison, M.D.

0699

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0137

**TO:** Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

Label #1

Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

Label #2

Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

Charge  
Amount: 0

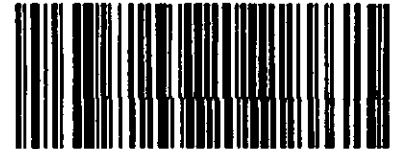
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0137

Certified Article Number

7160 3901 9848 1853 0137

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0137

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Oak Forest Hospital  
15900 Cicero Avenue  
Oak Forest, IL 60452  
Attn: Sylvia Edwards

0700

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3000 VERSION 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0151

MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

Label #1

MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

Label #2

Label #3

**TO:** MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTLED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0151

Certified Article Number  
7160 3901 9848 1853 0151  
SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0151

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island, IL 60406  
Attn: Arnie Kimmel

0701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30000 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0168

**TO:** Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

Label #1

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

Label #2

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 0168

Certified Article Number

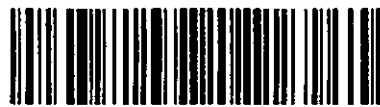
7160 3901 9848 1853 0168

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0168

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629  
Attn: Wayne Lerner

0702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0175

**TO:** DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

Label #1

DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

Label #2

DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 0175

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0175

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0175

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, IL 60187  
Attn: Eric Myers

0703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #3000 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0182

Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

Label #1

Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

Label #2

Label #3

**TO:** Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service  
**Receipt for Certified Mail**

POSTMARK OR DATE

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

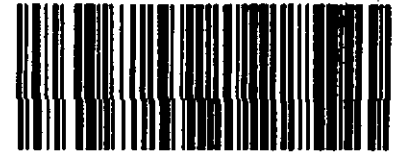
7160 3901 9848 1853 0182

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0182

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0182

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Hand Surgery Associates, S.C.  
515 West Algonquin Road  
Arlington Heights, IL 60005  
Attn: Donna Kersting

0704

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0199

Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630  
Attn: Diana Maracich

Label #1

Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630  
Attn: Diana Maracich

Label #2

Label #3

**TO:** Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630  
Attn: Diana Maracich

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630  
Attn: Diana Maracich

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 0199

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0199

2. Article Number



7160 3901 9848 1853 0199

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630  
Attn: Diana Maracich

0705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0205

Dimensions Medical Center, Ltd.  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Vera Schmidt

**TO:** Dimensions Medical Center, Ltd.  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Vera Schmidt

Label #1

Dimensions Medical Center, Ltd.  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Vera Schmidt

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

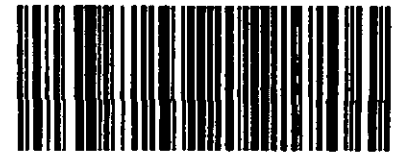
Label #5

Dimensions Medical Center, Ltd.  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Vera Schmidt

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 0205

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 0205

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0205

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Dimensions Medical Center, Ltd.  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Vera Schmidt

0706

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35693 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0212

Foot & Ankle Surgical Center  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Lowell Scott Weil

Label #1

Foot & Ankle Surgical Center  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Lowell Scott Weil

Label #2

Label #3

**TO:** Foot & Ankle Surgical Center  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Lowell Scott Weil

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Foot & Ankle Surgical Center  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Lowell Scott Weil

Charge  
Amount: 0

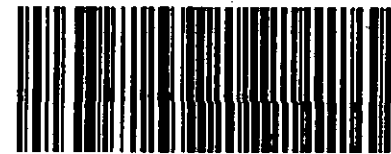
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0212

Certified Article Number

7160 3901 9848 1853 0212

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0212

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Foot & Ankle Surgical Center  
1455 Golf Road  
Des Plaines, IL 60016  
Attn: Lowell Scott Weil

0707

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0236

**TO:** Northwestern Memorial Hospital  
251 East Huron Street  
Chicago, IL 60611  
Attn: Dean Harrison

Label #1

Northwestern Memorial Hospital  
251 East Huron Street  
Chicago, IL 60611  
Attn: Dean Harrison

Label #2

Northwestern Memorial Hospital  
251 East Huron Street  
Chicago, IL 60611  
Attn: Dean Harrison

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Northwestern Memorial Hospital  
251 East Huron Street  
Chicago, IL 60611  
Attn: Dean Harrison

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0236

Certified Article Number

7160 3901 9848 1853 0236

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0236

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Northwestern Memorial Hospital  
251 East Huron Street  
Chicago, IL 60611  
Attn: Dean Harrison

0708

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35663 VERSION: 10/06  
U.S. PAT. NO. 6,501,399

7160 3901 9848 1853 0243

Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

Label #1

Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

Label #2

Label #3

**TO:** Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 0243

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0243

2. Article Number



7160 3901 9848 1853 0243

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Provident Hospital of Cook County  
500 East 51st Street  
Chicago, IL 60615  
Attn: Sidney Thomas

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0709

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0250

Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

Label #1

Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

Label #2

Label #3

**TO:** Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

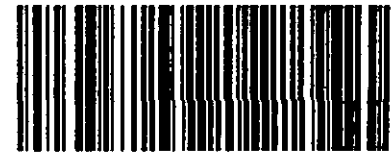
7160 3901 9848 1853 0250

SENDERS RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0250

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0250

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Fullerton Surgery Center  
4849 West Fullerton  
Chicago, IL 60639  
Attn: Salam Okasha

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
**X**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

0710

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #33003 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 0267

**TO:** Golf Surgical Center  
8901 Golf Road  
Des Plaines, IL 60016  
Attn: Nicholas Lygizos, M.D.

Label #1

Golf Surgical Center  
8901 Golf Road  
Des Plaines, IL 60016  
Attn: Nicholas Lygizos, M.D.

Label #2

Golf Surgical Center  
8901 Golf Road  
Des Plaines, IL 60016  
Attn: Nicholas Lygizos, M.D.

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service  
**Receipt for  
Certified Mail**

POSTMARK OR DATE

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Golf Surgical Center  
8901 Golf Road  
Des Plaines, IL 60016  
Attn: Nicholas Lygizos, M.D.

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 0267

Certified Article Number

7160 3901 9848 1853 0267

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 0267

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Golf Surgical Center  
8901 Golf Road  
Des Plaines, IL 60016  
Attn: Nicholas Lygizos, M.D.

0711

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 3800 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4067

**TO:** Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

Label #1

Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

Label #2

Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

Charge  
Amount: 0

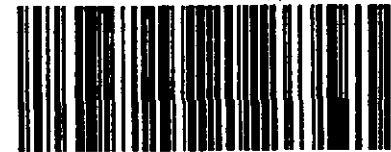
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4067

Certified Article Number

7160 3901 9848 1853 4067

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4067

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Holy Family Hospital  
100 North River Road  
Des Plaines, IL 60016  
Attn: John Baird

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0712

ATTACHMENT  
27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FJHM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4074

**TO:** Grand Avenue Surgical Center  
15 West Grand Avenue  
Chicago, IL 60610  
Attn: Joe Jafari

Label #1

Grand Avenue Surgical Center  
15 West Grand Avenue  
Chicago, IL 60610  
Attn: Joe Jafari

Label #2

Grand Avenue Surgical Center  
15 West Grand Avenue  
Chicago, IL 60610  
Attn: Joe Jafari

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Grand Avenue Surgical Center  
15 West Grand Avenue  
Chicago, IL 60610  
Attn: Joe Jafari

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4074

Certified Article Number

7160 3901 9848 1853 4074

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4074

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Grand Avenue Surgical Center  
15 West Grand Avenue  
Chicago, IL 60610  
Attn: Joe Jafari

0713

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4081

River North Same Day Surgery Center  
One East Erie Street  
Chicago, IL 60611  
Attn: Patty Wamsley

Label #1

River North Same Day Surgery Center  
One East Erie Street  
Chicago, IL 60611  
Attn: Patty Wamsley

Label #2

Label #3

**TO:** River North Same Day Surgery Center  
One East Erie Street  
Chicago, IL 60611  
Attn: Patty Wamsley

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

River North Same Day Surgery Center  
One East Erie Street  
Chicago, IL 60611  
Attn: Patty Wamsley

Charge  
Amount: 0

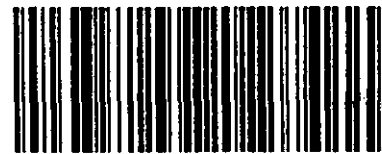
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4081

Certified Article Number

7160 3901 9848 1853 4081

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4081

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

River North Same Day Surgery Center  
One East Erie Street  
Chicago, IL 60611  
Attn: Patty Wamsley

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0714

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4098

St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

Label #1

St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

Label #2

Label #3

**TO:** St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

Charge  
Amount: 0

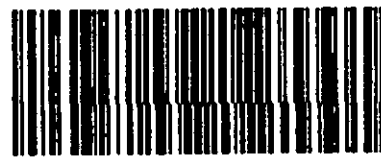
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4098

Certified Article Number

7160 3901 9848 1853 4098

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4098

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

St. Elizabeth's Hospital  
1431 North Claremont  
Chicago, IL 60622  
Attn: Margaret McDermott

0715

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 3800 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4104

Tinley Woods Surgery Center  
17896 96th Avenue  
Tinley Park, IL 60477  
Attn: Ronald Ladniak

Label #1

Tinley Woods Surgery Center  
17896 96th Avenue  
Tinley Park, IL 60477  
Attn: Ronald Ladniak

Label #2

Label #3

**TO:** Tinley Woods Surgery Center  
17896 96th Avenue  
Tinley Park, IL 60477  
Attn: Ronald Ladniak

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Tinley Woods Surgery Center  
17896 96th Avenue  
Tinley Park, IL 60477  
Attn: Ronald Ladniak

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4104

Certified Article Number  
7160 3901 9848 1853 4104  
SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4104

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Tinley Woods Surgery Center  
17896 96th Avenue  
Tinley Park, IL 60477  
Attn: Ronald Ladniak

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0716

ATTACHMENT

27

Thank you for using Return Receipt Service



**THE WALZ CERTIFIED MAILER™**

FROM

**WALZ™**

FORM #3863 VERSION 10/05  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4111

Hyde Park Surgery Center, LLC  
1644 East 53rd Street  
Chicago, IL 60615  
Attn: Fortunee Massuda

Label #1

Hyde Park Surgery Center, LLC  
1644 East 53rd Street  
Chicago, IL 60615  
Attn: Fortunee Massuda

Label #2

Label #3

**TO:** Hyde Park Surgery Center, LLC  
1644 East 53rd Street  
Chicago, IL 60615  
Attn: Fortunee Massuda

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3900, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Hyde Park Surgery Center, LLC  
1644 East 53rd Street  
Chicago, IL 60615  
Attn: Fortunee Massuda

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4111

Certified Article Number  
7160 3901 9848 1853 4111  
SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4111

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Hyde Park Surgery Center, LLC  
1644 East 53rd Street  
Chicago, IL 60615  
Attn: Fortunee Massuda

0717

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

**THE WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #30063 VERSION: 1/04/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4128

25 East Same Day Surgery  
25 East Washington  
Chicago, IL 60602  
Attn: Patricia Wamsley

Label #1

25 East Same Day Surgery  
25 East Washington  
Chicago, IL 60602  
Attn: Patricia Wamsley

Label #2

Label #3

**TO:** 25 East Same Day Surgery  
25 East Washington  
Chicago, IL 60602  
Attn: Patricia Wamsley

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #4

25 East Same Day Surgery  
25 East Washington  
Chicago, IL 60602  
Attn: Patricia Wamsley

Charge  
Amount: 0

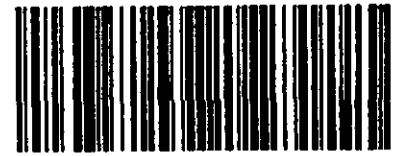
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #5

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4128

Certified Article Number

7160 3901 9848 1853 4128

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4128

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

25 East Same Day Surgery  
25 East Washington  
Chicago, IL 60602  
Attn: Patricia Wamsley

0718

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT  
27

**THE WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #38003 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4135

St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

Label #1

St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

Label #2

Label #3

**TO:** St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4135

Certified Article Number  
7160 3901 9848 1853 4135  
SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4135

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

St. Bernard Hospital  
326 West 64th Street  
Chicago, IL 60621  
Attn: Elizabeth Van Straten

0719

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101  
E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4142

Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

**TO:** Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

Label #1

Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

Label #2

Label #3

**SENDER:** E. Green  
**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

TEAR ALONG THIS LINE

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

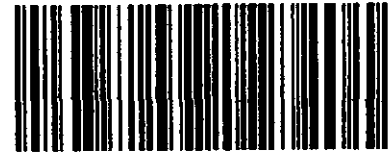
Label #5

Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4142

Certified Article Number

7160 3901 9848 1853 4142

SENDER'S RECORD

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4142

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Saint Mary Of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622  
Attn: Margaret McDermott

0720

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4159

Belmont/Harlem Surgery Center  
3101 North Harlem Avenue  
Chicago, IL 60634  
Attn: Faith McHale

Label #1

Belmont/Harlem Surgery Center  
3101 North Harlem Avenue  
Chicago, IL 60634  
Attn: Faith McHale

Label #2

Label #3

**TO:** Belmont/Harlem Surgery Center  
3101 North Harlem Avenue  
Chicago, IL 60634  
Attn: Faith McHale

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Belmont/Harlem Surgery Center  
3101 North Harlem Avenue  
Chicago, IL 60634  
Attn: Faith McHale

Charge  
Amount: 0

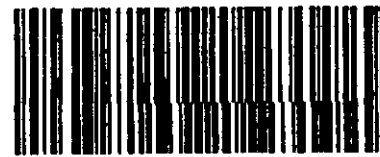
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4159

Certified Article Number

7160 3901 9848 1853 4159

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4159

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Belmont/Harlem Surgery Center  
3101 North Harlem Avenue  
Chicago, IL 60634  
Attn: Faith McHale

0721

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3583 VERSION 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4166

Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

Label #1

Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

Label #2

Label #3

**TO:** Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

Charge  
Amount: 0

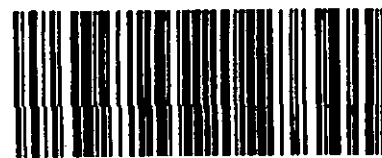
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4166

Certified Article Number  
7160 3901 9848 1853 4166  
SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Article Number



7160 3901 9848 1853 4166

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Glen Oaks Medical Center  
701 Winthrop Avenue  
Glendale Heights, IL 60139  
Attn: Brinsley Lewis

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0722

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4173

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007  
Attn: Sherri Vincent

Label #1

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007  
Attn: Sherri Vincent

Label #2

Label #3

**TO:** Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007  
Attn: Sherri Vincent

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007  
Attn: Sherri Vincent

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

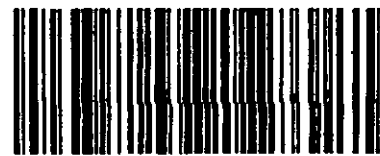
7160 3901 9848 1853 4173

SENDERS RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4173

2. Article Number



7160 3901 9848 1853 4173

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007  
Attn: Sherri Vincent

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0723

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4180

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

Label #1

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

Label #2

Label #3

**TO:** Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

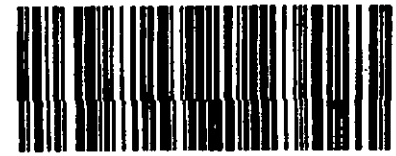
098650-0101 7160 3901 9848 1853 4180

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4180

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4180

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631  
Attn: Sister Donna Marie

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0724

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4197

Advocate Lutheran General Hospital  
1800 Parkside Drive  
Park Ridge, IL 60068  
Attn: David Stark

Label #1

Advocate Lutheran General Hospital  
1800 Parkside Drive  
Park Ridge, IL 60068  
Attn: David Stark

Label #2

Label #3

**TO:** Advocate Lutheran General Hospital  
1800 Parkside Drive  
Park Ridge, IL 60068  
Attn: David Stark

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE ↓

Label #5

Advocate Lutheran General Hospital  
1800 Parkside Drive  
Park Ridge, IL 60068  
Attn: David Stark

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4197

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4197

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

**X**  Yes  No  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

2. Article Number



7160 3901 9848 1853 4197

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate Lutheran General Hospital  
1800 Parkside Drive  
Park Ridge, IL 60068  
Attn: David Stark

0725

ATTACHMENT

27

PS Form 3811, January 2005

Domestic Return Receipt

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #30003 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4203

Orland Park Surgical Center, LLC  
9550 West 167th Street  
Orland Park, IL 60467  
Attn: Erika Horstmann

Label #1

Orland Park Surgical Center, LLC  
9550 West 167th Street  
Orland Park, IL 60467  
Attn: Erika Horstmann

Label #2

Label #3

**TO:** Orland Park Surgical Center, LLC  
9550 West 167th Street  
Orland Park, IL 60467  
Attn: Erika Horstmann

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Orland Park Surgical Center, LLC  
9550 West 167th Street  
Orland Park, IL 60467  
Attn: Erika Horstmann

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4203

Certified Article Number

7160 3901 9848 1853 4203

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4203

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Orland Park Surgical Center, LLC  
9550 West 167th Street  
Orland Park, IL 60467  
Attn: Erika Horstmann

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

0726

ATTACHMENT  
27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3000 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4210

**TO:** Illinois Center for Foot & Ankle Surgery, Inc.  
4650 Southwest Highway  
Oak Lawn, IL 60453  
Attn: Tina Heffernan

Label #1

Illinois Center for Foot & Ankle Surgery, Inc.  
4650 Southwest Highway  
Oak Lawn, IL 60453  
Attn: Tina Heffernan

Label #2

Illinois Center for Foot & Ankle Surgery, Inc.  
4650 Southwest Highway  
Oak Lawn, IL 60453  
Attn: Tina Heffernan

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Illinois Center for Foot & Ankle Surgery, Inc.  
4650 Southwest Highway  
Oak Lawn, IL 60453  
Attn: Tina Heffernan

Charge  
Amount: 0

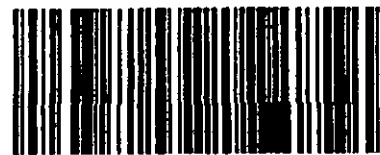
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4210

Certified Article Number

7160 3901 9848 1853 4210

SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Article Number



7160 3901 9848 1853 4210

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Illinois Center for Foot & Ankle Surgery, Inc.  
4650 Southwest Highway  
Oak Lawn, IL 60453  
Attn: Tina Heffernan

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0727

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4227

**TO:** Advocate Christ Hospital and Medical Center  
9500 South Kenneth Avenue  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

Label #1

Advocate Christ Hospital and Medical Center  
9500 South Kenneth Avenue  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

Label #2

Advocate Christ Hospital and Medical Center  
9500 South Kenneth Avenue  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advocate Christ Hospital and Medical Center  
9500 South Kenneth Avenue  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4227

Certified Article Number

7160 3901 9848 1853 4227

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4227

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate Christ Hospital and Medical Center  
9500 South Kenneth Avenue  
Oak Lawn, IL 60453  
Attn: Kenneth Lukhard

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0728

Thank you for using Return Receipt Service

**THE  
WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #38063 VERSION 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4234

Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

**TO:** Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

Label #1

Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

Label #2

Label #3

TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4234

Certified Article Number

7160 3901 9848 1853 4234

SENDER'S RECORD

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4234

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622  
Attn: Michael O'Grady, Jr.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0729

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4241

DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

Label #1

DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

Label #2

Label #3

**TO:** DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

Charge  
Amount: 0

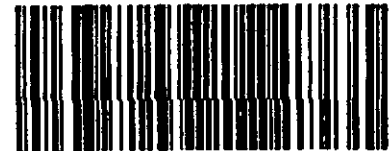
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4241

Certified Article Number

7160 3901 9848 1853 4241  
SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4241

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

DuPage Orthopedic Group Surgery Center  
27650 Ferry Road  
Warrenville, IL 60565  
Attn: Barbara Kiel

0730

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

**THE WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #30663 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4494

Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624  
Attn: Edward Novak

Label #1

Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624  
Attn: Edward Novak

Label #2

Label #3

**TO:** Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624  
Attn: Edward Novak

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624  
Attn: Edward Novak

Charge  
Amount: 0

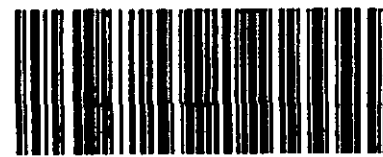
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4494

Certified Article Number

4494 4494 4494 4494 4494 4494

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4494

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624  
Attn: Edward Novak

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from Item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101  
E. Green

Thank you for using Return Receipt Service

0731

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4500

The Center for Surgery  
475 East Diehl Road  
Naperville, IL 60563  
Attn: Anthony Fato

Label #1

The Center for Surgery  
475 East Diehl Road  
Naperville, IL 60563  
Attn: Anthony Fato

Label #2

Label #3

**TO:** The Center for Surgery  
475 East Diehl Road  
Naperville, IL 60563  
Attn: Anthony Fato

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

The Center for Surgery  
475 East Diehl Road  
Naperville, IL 60563  
Attn: Anthony Fato

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

0054 6591 9848 1853 4500

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4500

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4500

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

The Center for Surgery  
475 East Diehl Road  
Naperville, IL 60563  
Attn: Anthony Fato

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0732

ATTACHMENT

27

Thank you for using Return Receipt Service



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 3800a VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4517

Alden Center for Day Surgery Center, LLC  
1580 West Lake Street  
Addison, IL 60101  
Attn: Ali Nili

Label #1

Alden Center for Day Surgery Center, LLC  
1580 West Lake Street  
Addison, IL 60101  
Attn: Ali Nili

Label #2

Label #3

**TO:** Alden Center for Day Surgery Center, LLC  
1580 West Lake Street  
Addison, IL 60101  
Attn: Ali Nili

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #4

Alden Center for Day Surgery Center, LLC  
1580 West Lake Street  
Addison, IL 60101  
Attn: Ali Nili

Charge  
Amount: 0

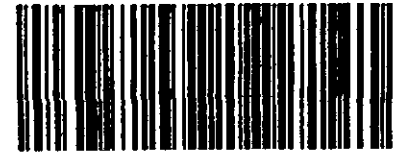
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #5

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4517

Certified Article Number

7160 3901 9848 1853 4517

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4517

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Alden Center for Day Surgery Center, LLC  
1580 West Lake Street  
Addison, IL 60101  
Attn: Ali Nili

0733

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:  Yes  No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4524

South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, M.D.

Label #1

South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, M.D.

Label #2

Label #3

**TO:** South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, M.D.

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, M.D.

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4524

Certified Article Number

7160 3901 9848 1853 4524

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4524

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

South Loop Endoscopy & Wellness Center  
2336 South Wabash  
Chicago, IL 60616  
Attn: David Chua, M.D.

0734

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4531

Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

Label #1

Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

Label #2

Label #3

**TO:** Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

Charge Amount: 0

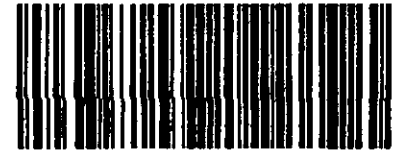
Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #8

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4531

Certified Article Number

7160 3901 9848 1853 4531

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4531

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Adventist Bolingbrook Hospital  
400 Medical Center Drive  
Bolingbrook, IL 60440  
Attn: Rick Mace

0735

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Agent  
 Addressee  
 Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM 3800 VERSION: 10/03  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4548

University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

Label #1

University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

Label #2

Label #3

**TO:** University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4548

Certified Article Number

7160 3901 9848 1853 4548

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4548

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612  
Attn: John Denardo

0736

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

Form #3000 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4555

Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

**TO:** Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

Label #1

Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

Label #2

Label #3

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service POSTMARK OR DATE

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4555

Certified Article Number

7160 3901 9848 1853 4555

SENDER'S RECORD

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4555

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616  
Attn: Ellen Kenworthy

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0737

ATTACHMENT

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM 530003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4562

Advantage Health Care, Ltd.  
203 East Irving Park Road  
Wood Dale, IL 60191  
Attn: Aimee Dillard

**TO:** Advantage Health Care, Ltd.  
203 East Irving Park Road  
Wood Dale, IL 60191  
Attn: Aimee Dillard

Label #1

Advantage Health Care, Ltd.  
203 East Irving Park Road  
Wood Dale, IL 60191  
Attn: Aimee Dillard

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

Label #2

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

Label #3

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advantage Health Care, Ltd.  
203 East Irving Park Road  
Wood Dale, IL 60191  
Attn: Aimee Dillard

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4562

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4562

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advantage Health Care, Ltd.  
203 East Irving Park Road  
Wood Dale, IL 60191  
Attn: Aimee Dillard

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0738

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3800 VERSION: 1/05  
U.S. PAT. NO. 5,601,383

7160 3901 9848 1853 4777

Advanced Ambulatory Surgical Center  
2333 North Harlem Avenue  
Chicago, IL 60707  
Attn: Severko Hrywnak, M.D.

Label #1

Advanced Ambulatory Surgical Center  
2333 North Harlem Avenue  
Chicago, IL 60707  
Attn: Severko Hrywnak, M.D.

Label #2

Label #3

**TO:** Advanced Ambulatory Surgical Center  
2333 North Harlem Avenue  
Chicago, IL 60707  
Attn: Severko Hrywnak, M.D.

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Advanced Ambulatory Surgical Center  
2333 North Harlem Avenue  
Chicago, IL 60707  
Attn: Severko Hrywnak, M.D.

Charge  
Amount: 0

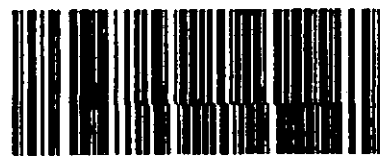
Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4777

Certified Article Number

7160 3901 9848 1853 4777

SENDER'S RECORD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Article Number



7160 3901 9848 1853 4777

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advanced Ambulatory Surgical Center  
2333 North Harlem Avenue  
Chicago, IL 60707  
Attn: Severko Hrywnak, M.D.

0739

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4784

Rush Surgicenter – Professional Bldg.  
1725 West Harrison  
Chicago, IL 60612  
Attn: Barbara Ramsey

**TO:** Rush Surgicenter – Professional Bldg.  
1725 West Harrison  
Chicago, IL 60612  
Attn: Barbara Ramsey

Label #1

Rush Surgicenter – Professional Bldg.  
1725 West Harrison  
Chicago, IL 60612  
Attn: Barbara Ramsey

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

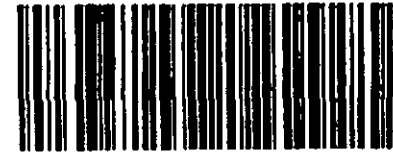
Label #5

Rush Surgicenter – Professional Bldg.  
1725 West Harrison  
Chicago, IL 60612  
Attn: Barbara Ramsey

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4784

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4784

SENDER'S RECORD

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4784

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Rush Surgicenter – Professional Bldg.  
1725 West Harrison  
Chicago, IL 60612  
Attn: Barbara Ramsey

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

you for using Return Receipt Service

0740

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM **WALZ**™

FORM #38003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4791

St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

**TO:** St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

Label #1

St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

Label #2

Label #3

TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service  
**Receipt for  
Certified Mail**

POSTMARK OR DATE

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

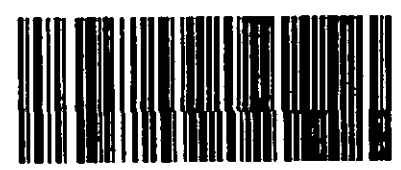
Label #5

St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4791

Certified Article Number

7160 3901 9848 1853 4791

SENDER'S RECORD

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4791

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623  
Attn: Guy Medaglia

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101  
E. Green

Thank you for using Return Receipt Service

0741

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4807

Mount Sinai Hospital Medical Center  
1501 South California Avenue  
Chicago, IL 60608  
Attn: Alan Channing

Label #1

Mount Sinai Hospital Medical Center  
1501 South California Avenue  
Chicago, IL 60608  
Attn: Alan Channing

Label #2

Label #3

**TO:** Mount Sinai Hospital Medical Center  
1501 South California Avenue  
Chicago, IL 60608  
Attn: Alan Channing

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Mount Sinai Hospital Medical Center  
1501 South California Avenue  
Chicago, IL 60608  
Attn: Alan Channing

Charge  
Amount: 0

Charge  
To: 098650-0101

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4807

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4807

2. Article Number



7160 3901 9848 1853 4807

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Mount Sinai Hospital Medical Center  
1501 South California Avenue  
Chicago, IL 60608  
Attn: Alan Channing

0742

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35063 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4814

Elmwood Park Same Day Surgery, LLC  
1614 North Harlem Avenue  
Elmwood Park, IL 60707  
Attn: Patricia Wamsley

Label #1

Elmwood Park Same Day Surgery, LLC  
1614 North Harlem Avenue  
Elmwood Park, IL 60707  
Attn: Patricia Wamsley

Label #2

Label #3

**TO:** Elmwood Park Same Day Surgery, LLC  
1614 North Harlem Avenue  
Elmwood Park, IL 60707  
Attn: Patricia Wamsley

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Elmwood Park Same Day Surgery, LLC  
1614 North Harlem Avenue  
Elmwood Park, IL 60707  
Attn: Patricia Wamsley

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4814

Certified Article Number

7160 3901 9848 1853 4814

SENDERS RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4814

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Elmwood Park Same Day Surgery, LLC  
1614 North Harlem Avenue  
Elmwood Park, IL 60707  
Attn: Patricia Wamsley

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

F. Green

Thank you for using Return Receipt Service

0743

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3003 VERSION: 10/03  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4821

John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 500  
Chicago, IL 60612  
Attn: Johnny Brown

**TO:** John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 500  
Chicago, IL 60612  
Attn: Johnny Brown

Label #1

John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 500  
Chicago, IL 60612  
Attn: Johnny Brown

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

Label #2

Label #3

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 500  
Chicago, IL 60612  
Attn: Johnny Brown

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4821

Certified Article Number

7160 3901 9848 1853 4821

SENDER'S RECORD

Charge Amount: 0

Charge To: 098650-0101

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4821

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 500  
Chicago, IL 60612  
Attn: Johnny Brown

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0744

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4258

Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612  
Attention: Larry Goodman

Label #1

Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612  
Attention: Larry Goodman

Label #2

Label #3

**TO:** Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612  
Attention: Larry Goodman

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612  
Attention: Larry Goodman

Charge  
Amount: 0

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4258

Certified Article Number

7160 3901 9848 1853 4258

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4258

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612  
Attention: Larry Goodman

0745

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, ILLINOIS 60453  
ATTENTION: THOMAS HOLECEK

Label #1

PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, ILLINOIS 60453  
ATTENTION: THOMAS HOLECEK

Label #2

Label #3

7160 3901 9848 1853 4265

**TO:** PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, ILLINOIS 60453  
ATTENTION: THOMAS HOLECEK

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, ILLINOIS 60453  
ATTENTION: THOMAS HOLECEK

Charge Amount: 0

Charge To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4265

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4265

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4265

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

PALOS SURGICENTER, LLC  
7340 WEST COLLEGE DRIVE  
PALOS HEIGHTS, ILLINOIS 60453  
ATTENTION: THOMAS HOLECEK

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0746

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4272

OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, ILLINOIS 60453  
ATTENTION: WAYNE LUE

Label #1

OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, ILLINOIS 60453  
ATTENTION: WAYNE LUE

Label #2

Label #3

**TO:** OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, ILLINOIS 60453  
ATTENTION: WAYNE LUE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	0
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, ILLINOIS 60453  
ATTENTION: WAYNE LUE

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4272

SENDER RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4272

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4272

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

OAK LAWN ENDOSCOPY  
9921 SOUTHWEST HIGHWAY  
OAK LAWN, ILLINOIS 60453  
ATTENTION: WAYNE LUE

0747

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4289

SOUTHWESTERN MEDICAL CENTER,  
L.L.C.  
7456 South State Road  
Bedford Park, Illinois 60638  
Attention: Administrator

Label #1

SOUTHWESTERN MEDICAL CENTER,  
L.L.C.  
7456 South State Road  
Bedford Park, Illinois 60638  
Attention: Administrator

Label #2

Label #3

**TO:** SOUTHWESTERN MEDICAL CENTER,  
L.L.C.  
7456 South State Road  
Bedford Park, Illinois 60638  
Attention: Administrator

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

SOUTHWESTERN MEDICAL CENTER,  
L.L.C.  
7456 South State Road  
Bedford Park, Illinois 60638  
Attention: Administrator

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4289

Certified Article Number

7160 3901 9848 1853 4289

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4289

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
SOUTHWESTERN MEDICAL CENTER,  
L.L.C.  
7456 South State Road  
Bedford Park, Illinois 60638  
Attention: Administrator

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0748

ATTACHMENT

27



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4296

Palos Community Hospital  
12251 Suoth 80th Avenue  
Palos Heights, Illinois 60463  
Attention: Sister Margaret Wright

Label #1

Palos Community Hospital  
12251 Suoth 80th Avenue  
Palos Heights, Illinois 60463  
Attention: Sister Margaret Wright

Label #2

Label #3

**TO:** Palos Community Hospital  
12251 Suoth 80th Avenue  
Palos Heights, Illinois 60463  
Attention: Sister Margaret Wright

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

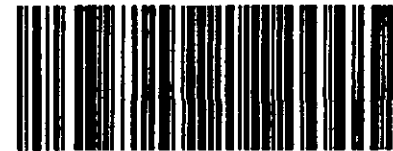
Label #5

Palos Community Hospital  
12251 Suoth 80th Avenue  
Palos Heights, Illinois 60463  
Attention: Sister Margaret Wright

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4296

Certified Article Number

7160 3901 9848 1853 4296

SENDER'S RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4296

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Palos Community Hospital  
12251 Suoth 80th Avenue  
Palos Heights, Illinois 60463  
Attention: Sister Margaret Wright

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

you for using Return Receipt Service

0749

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4302

West Suburban Hospital  
622 North Austin Aveune  
Oak Park, Illinois 60302  
Attention: Pat Shehorn

**TO:** West Suburban Hospital  
622 North Austin Aveune  
Oak Park, Illinois 60302  
Attention: Pat Shehorn

Label #1

West Suburban Hospital  
622 North Austin Aveune  
Oak Park, Illinois 60302  
Attention: Pat Shehorn

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

West Suburban Hospital  
622 North Austin Aveune  
Oak Park, Illinois 60302  
Attention: Pat Shehorn

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4302

Certified Article Number

7160 3901 9848 1853 4302

SENDER'S RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4302

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
West Suburban Hospital  
622 North Austin Aveune  
Oak Park, Illinois 60302  
Attention: Pat Shehorn

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0750

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4319

Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160  
Attention: Kenneth Fishbain

Label #1

Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160  
Attention: Kenneth Fishbain

Label #2

Label #3

**TO:** Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160  
Attention: Kenneth Fishbain

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160  
Attention: Kenneth Fishbain

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4319

Certified Article Number

7160 3901 9848 1853 4319

SENDERS RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4319

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160  
Attention: Kenneth Fishbain

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

you for using Return Receipt Service

0751

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #3805 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4326

**TO:** NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, ILLINOIS 60453  
ATTENTION: Jo Ann Depergola

Label #1

NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, ILLINOIS 60453  
ATTENTION: Jo Ann Depergola

Label #2

NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, ILLINOIS 60453  
ATTENTION: Jo Ann Depergola

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, ILLINOIS 60453  
ATTENTION: Jo Ann Depergola

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4326

SENDER RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4326

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4326

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

NOVAMED SURGERY CENTER OF OAK  
LAWN  
6309 WEST 95TH STREET  
OAK LAWN, ILLINOIS 60453  
ATTENTION: Jo Ann Depergola

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

0752

ATTACHMENT

27

Thank you for using Return Receipt Service

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4333

**TO:** NOVAMED SURGERY CENTER OF RIVER  
FOREST  
7427 WEST LAKE STREET  
RIVER FOREST, ILLINIOIS 60305  
Attention: John Calta

Label #1

NOVAMED SURGERY CENTER OF RIVER  
FOREST  
7427 WEST LAKE STREET  
RIVER FOREST, ILLINIOIS 60305  
Attention: John Calta

Label #2

NOVAMED SURGERY CENTER OF RIVER  
FOREST  
7427 WEST LAKE STREET  
RIVER FOREST, ILLINIOIS 60305  
Attention: John Calta

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

NOVAMED SURGERY CENTER OF RIVER  
FOREST  
7427 WEST LAKE STREET  
RIVER FOREST, ILLINIOIS 60305  
Attention: John Calta

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4333

Certified Article Number

7160 3901 9848 1853 4333

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4333

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

NOVAMED SURGERY CENTER OF RIVER  
FOREST  
7427 WEST LAKE STREET  
RIVER FOREST, ILLINIOIS 60305  
Attention: John Calta

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

0753

ATTACHMENT  
27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4340

**TO:** Westlake Community Hospital  
1225 West Lake Street  
Melrose Park, Illinois 60160  
Attention: Pat Shehorn

Label #1

Westlake Community Hospital  
1225 West Lake Street  
Melrose Park, Illinois 60160  
Attention: Pat Shehorn

Label #2

Westlake Community Hospital  
1225 West Lake Street  
Melrose Park, Illinois 60160  
Attention: Pat Shehorn

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Westlake Community Hospital  
1225 West Lake Street  
Melrose Park, Illinois 60160  
Attention: Pat Shehorn

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4340

Certified Article Number

7160 3901 9848 1853 4340

SENDERS RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4340

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Westlake Community Hospital  
1225 West Lake Street  
Melrose Park, Illinois 60160  
Attention: Pat Shehorn

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0754

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 1008  
U.S. PAT. NO. 5,501,399

7160 3901 9848 1853 4357

DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, Illinois 60148  
Attention: Administrator

**TO:** DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, Illinois 60148  
Attention: Administrator

Label #1

DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, Illinois 60148  
Attention: Administrator

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, Illinois 60148  
Attention: Administrator

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4357

Certified Article Number

7160 3901 9848 1853 4357

SENDER'S RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4357

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
DuPage Medical Group Surgery Center  
1801 South Highland  
Lombard, Illinois 60148  
Attention: Administrator

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0755

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4364

Elmhurst Memorial Hospital  
York Road and Roosevelt Road  
Elmhurst, Illinois 60126  
Attention: Leo Fronza

Label #1

Elmhurst Memorial Hospital  
York Road and Roosevelt Road  
Elmhurst, Illinois 60126  
Attention: Leo Fronza

Label #2

Label #3

**TO:** Elmhurst Memorial Hospital  
York Road and Roosevelt Road  
Elmhurst, Illinois 60126  
Attention: Leo Fronza

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Elmhurst Memorial Hospital  
York Road and Roosevelt Road  
Elmhurst, Illinois 60126  
Attention: Leo Fronza

Charge  
Amount:

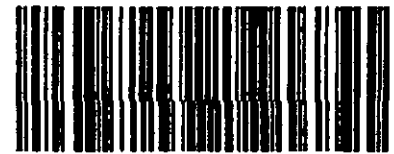
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

## CERTIFIED MAIL



7160 3901 9848 1853 4364

Certified Article Number

7160 3901 9848 1853 4364

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4364

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Elmhurst Memorial Hospital  
York Road and Roosevelt Road  
Elmhurst, Illinois 60126  
Attention: Leo Fronza

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0756

ATTACHMENT

27

Thank you for using Return Receipt Service



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4371

Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644  
Attention: Steve Drucker

Label #1

Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644  
Attention: Steve Drucker

Label #2

Label #3

**TO:** Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644  
Attention: Steve Drucker

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644  
Attention: Steve Drucker

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

7160 3901 9848 1853 4371

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4371

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4371

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644  
Attention: Steve Drucker

0757

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4388

MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
Attention: Ronald Ladniak

Label #1

MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
Attention: Ronald Ladniak

Label #2

Label #3

**TO:** MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
Attention: Ronald Ladniak

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
Attention: Ronald Ladniak

Certified Article Number  
7160 3901 9848 1853 4388  
SENDERS RECORD

Charge  
Amount:

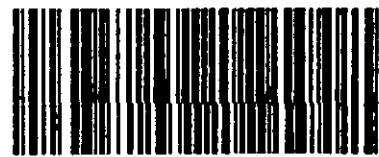
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4388

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4388

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
MIDWEST CENTER FOR DAY SURGERY  
3811 HIGHLAND AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
Attention: Ronald Ladniak

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0758

ATTACHMENT

27

**THE  
WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4395

Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515  
Attention: David Fox

**TO:** Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515  
Attention: David Fox

Label #1

Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515  
Attention: David Fox

Label #2

Label #3

← TEAR ALONG THIS LINE

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

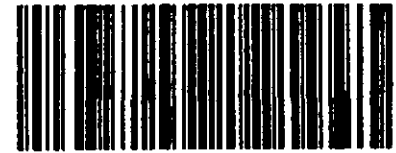
Label #5

Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515  
Attention: David Fox

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4395

Certified Article Number

7160 3901 9848 1853 4395

SENDER'S RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4395

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515  
Attention: David Fox

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0759

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4401

Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304  
Attention: Bruce Elegant

Label #1

Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304  
Attention: Bruce Elegant

Label #2

Label #3

**TO:** Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304  
Attention: Bruce Elegant

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	0.00
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304  
Attention: Bruce Elegant

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4401

Certified Article Number

7160 3901 9848 1853 4401

SENDER'S RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4401

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304  
Attention: Bruce Elegant

0760

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

Reference Information

United Urology 098650-0101

E. Green

you for using Return Receipt Service

ATTACHMENT  
27

**THE WALZ CERTIFIED MAILER™**

FROM

**WALZ™**

FORM #35663 VERSION: 10/05  
U.S. PAT. NO. 5,501,993

7160 3901 9848 1853 4418

Label #1

LOYOLA AMB. SURG. CTR. AT  
OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, Illinois 60181  
Attention: Geoffrey Abbott

Label #2

LOYOLA AMB. SURG. CTR. AT  
OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, Illinois 60181  
Attention: Geoffrey Abbott

Label #3

**TO:** LOYOLA AMB. SURG. CTR. AT  
OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, Illinois 60181  
Attention: Geoffrey Abbott

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	0.00

US Postal Service

POSTMARK OR DATE

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

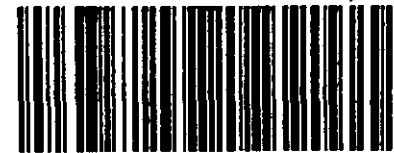
Label #5

LOYOLA AMB. SURG. CTR. AT  
OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, Illinois 60181  
Attention: Geoffrey Abbott

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7160 3901 9848 1853 4418

Certified Article Number  
7160 3901 9848 1853 4418  
SENDERS RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4418

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
LOYOLA AMB. SURG. CTR. AT  
OAKBROOK  
1650 South Ardmore Avenue  
Villa Park, Illinois 60181  
Attention: Geoffrey Abbott

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0761

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35003 VERSION: 10/03  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4425

**TO:** ELMHURST MEDICAL & SURGICAL  
CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attention: Administrator

Label #1

ELMHURST MEDICAL & SURGICAL  
CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attention: Administrator

Label #2

ELMHURST MEDICAL & SURGICAL  
CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attention: Administrator

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

Label #5

ELMHURST MEDICAL & SURGICAL  
CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attention: Administrator

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4425

Certified Article Number

7160 3901 9848 1853 4425

SENDERS RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4425

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

ELMHURST MEDICAL & SURGICAL  
CENTER  
340 WEST BUTTERFIELD ROAD  
ELMHURST, IL 60148  
Attention: Administrator

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0762

ATTACHMENT

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #55063 VERSION: 1/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4432

JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, Illinois 60458  
Attention: Joy Moore

Label #1

JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, Illinois 60458  
Attention: Joy Moore

Label #2

Label #3

**TO:** JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, Illinois 60458  
Attention: Joy Moore

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service	POSTMARK OR DATE
<b>Receipt for Certified Mail</b>	
No Insurance Coverage Provided Do Not Use for International Mail	

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, Illinois 60458  
Attention: Joy Moore

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4432

Certified Article Number  
7160 3901 9848 1853 4432  
SENDER RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number

  
7160 3901 9848 1853 4432

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
JUSTICE MEDICAL-SURGICAL CENTER  
9050 West 81st Street  
Justice, Illinois 60458  
Attention: Joy Moore

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0763

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #33003 VERSION: 10/03  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4449

MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Attention: Brian Lemon

Label #1

MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Attention: Brian Lemon

Label #2

Label #3

**TO:** MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Attention: Brian Lemon

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service  
**Receipt for  
Certified Mail**

POSTMARK OR DATE

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Attention: Brian Lemon

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4449

Certified Article Number

6444 5591 9848 1853 4449

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4449

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Attention: Brian Lemon

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent  
 Addressee

X

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0764

ATTACHMENT

Thank you for using Return Receipt Service



THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35063 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4456

Salt Creek Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559  
Attention: Ronald Ladniak

**TO:** Salt Creek Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559  
Attention: Ronald Ladniak

Label #1

Salt Creek Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559  
Attention: Ronald Ladniak

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

Label #2

Label #3

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Salt Creek Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559  
Attention: Ronald Ladniak

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4456

Certified Article Number

7160 3901 9848 1853 4456

SENDER'S RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4456

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Salt Creek Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559  
Attention: Ronald Ladniak

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

0765

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35683 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4463

THE OAK BROOK SURGICAL CENTER  
2425 WEST 22ND STREET  
OAKBROOK, ILLINOIS 60523  
Attention: Ali Nili

**TO:** THE OAK BROOK SURGICAL CENTER  
2425 WEST 22ND STREET  
OAKBROOK, ILLINOIS 60523  
Attention: Ali Nili

Label #1

THE OAK BROOK SURGICAL CENTER  
2425 WEST 22ND STREET  
OAKBROOK, ILLINOIS 60523  
Attention: Ali Nili

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

THE OAK BROOK SURGICAL CENTER  
2425 WEST 22ND STREET  
OAKBROOK, ILLINOIS 60523  
Attention: Ali Nili

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4463

Certified Article Number

7160 3901 9848 1853 4463

SENDER'S RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4463

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
THE OAK BROOK SURGICAL CENTER  
2425 WEST 22ND STREET  
OAKBROOK, ILLINOIS 60523  
Attention: Ali Nili

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0766

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4470

LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153  
Attention: Daniel Post

**TO:** LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153  
Attention: Daniel Post

Label #1

LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153  
Attention: Daniel Post

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

← TEAR ALONG THIS LINE

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153  
Attention: Daniel Post

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4470

Certified Article Number

7160 3901 9848 1853 4470

SENDERS RECORD

Charge Amount:

Charge To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4470

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:  
LOYOLA UNIVERSITY AMB. SURG. CTR.  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153  
Attention: Daniel Post

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

0767

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35883 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4487

**TO:** CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, ILLINOIS 60559  
Attention: Jennifer Cichon

Label #1

CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, ILLINOIS 60559  
Attention: Jennifer Cichon

Label #2

CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, ILLINOIS 60559  
Attention: Jennifer Cichon

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology - 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, ILLINOIS 60559  
Attention: Jennifer Cichon

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4487

Certified Article Number

7160 3901 9848 1853 4487

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4487

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

CHICAGO PROSTATE CANCER SURGERY  
CENTER  
815 PASQUINELLI DRIVE  
WESTMONT, ILLINOIS 60559  
Attention: Jennifer Cichon

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Reference Information

United Urology - 098650-0101

F. Green

0768

ATTACHMENT

27

Thank you for using Return Receipt Service

**THE WALZ  
CERTIFIED  
MAILER™**

FROM

**WALZ™**

FORM 3800 VERSION: 10/05  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4692

ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, ILLINOIS 60126  
Attention: Tina Mentz

Label #1

ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, ILLINOIS 60126  
Attention: Tina Mentz

Label #2

Label #3

**TO:** ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, ILLINOIS 60126  
Attention: Tina Mentz

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

TEAR ALONG THIS LINE

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

**Certified Article Number**  
7160 3901 9848 1853 4692  
**SENDER'S RECORD**

Label #5

ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, ILLINOIS 60126  
Attention: Tina Mentz

Charge  
Amount:

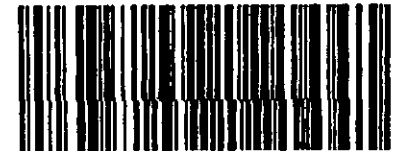
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4692

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4692

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

ELMHURST OUTPATIENT SURGERY  
CENTER  
1200 SOUTH YORK ROAD  
ELMHURST, ILLINOIS 60126  
Attention: Tina Mentz

0769

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4708

Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521  
Attention: David Crane

**TO:** Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521  
Attention: David Crane

Label #1

Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521  
Attention: David Crane

Label #2

Label #3

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521  
Attention: David Crane

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4708

Certified Article Number

7160 3901 9848 1853 4708

SENDER'S RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4708

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521  
Attention: David Crane

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0770

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35853 VERSION: 10/06  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4715

CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, ILLINOIS 60154  
Attention: Tom Schubnell

Label #1

CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, ILLINOIS 60154  
Attention: Tom Schubnell

Label #2

Label #3

**TO:** CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, ILLINOIS 60154  
Attention: Tom Schubnell

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

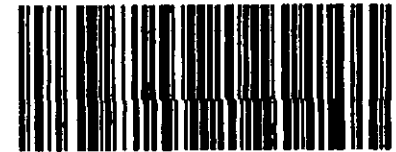
Label #5

CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, ILLINOIS 60154  
Attention: Tom Schubnell

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4715

Certified Article Number

7160 3901 9848 1853 4715

SENDER'S RECORD

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

2. Article Number



7160 3901 9848 1853 4715

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, ILLINOIS 60154  
Attention: Tom Schubnell

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

**X**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0771

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35863 VERSION: 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4722

Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, Illinois 60521  
Attention: Brian Smith, MD

Label #1

Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, Illinois 60521  
Attention: Brian Smith, MD

Label #2

Label #3

**TO:** Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, Illinois 60521  
Attention: Brian Smith, MD

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, Illinois 60521  
Attention: Brian Smith, MD

Charge  
Amount:

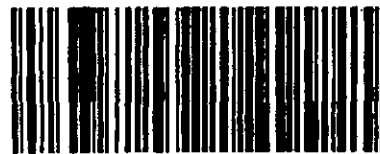
Charge  
To:

FOLD AND TEAR THIS WAY →

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4722

Certified Article Number

7160 3901 9848 1853 4722

SENDER'S RECORD

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4722

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Eye Surgery Center of Hinsdale  
950 North York Road  
Hinsdale, Illinois 60521  
Attention: Brian Smith, MD

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent  
 Addressee  
 Yes  
 No

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

0772

ATTACHMENT

27



THE  
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CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35000 VERSION 10/08  
U.S. PAT. NO. 5,501,393

7160 3901 9848 1853 4739

HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, ILLINOIS 60512  
Attention: Fernando Gruta

Label #1

HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, ILLINOIS 60512  
Attention: Fernando Gruta

Label #2

Label #3

**TO:** HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, ILLINOIS 60512  
Attention: Fernando Gruta

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, ILLINOIS 60512  
Attention: Fernando Gruta

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number

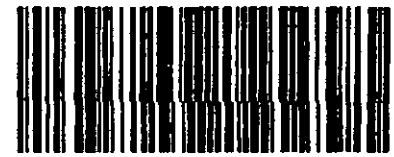
7160 3901 9848 1853 4739

SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4739

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4739

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

HINSDALE SURGICAL CENTER  
908 NORTH ELM STREET  
HINSDALE, ILLINOIS 60512  
Attention: Fernando Gruta

0773

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below.

Yes  
 No

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

ATTACHMENT

27

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #35663 VERSION: 10/08  
U.S. PAT. NO. 5,501,383

7160 3901 9848 1853 4746

LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, Illinois 60525  
Attention: Rick Wright

Label #1

LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, Illinois 60525  
Attention: Rick Wright

Label #2

Label #3

**TO:** LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, Illinois 60525  
Attention: Rick Wright

**SENDER:** E. Green

**REFERENCE:** United Urology 098650-0101

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
Total Postage & Fees		0.00

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5

LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, Illinois 60525  
Attention: Rick Wright

Charge  
Amount:

Charge  
To:

FOLD AND TEAR THIS WAY →

Certified Article Number  
7160 3901 9848 1853 4746  
SENDER'S RECORD

Label #6

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7160 3901 9848 1853 4746

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 1853 4746

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
LaGrange Memorial Hospital  
5101 Gilbert Avenue  
LaGrange, Illinois 60525  
Attention: Rick Wright

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

United Urology 098650-0101

E. Green

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

0774

ATTACHMENT

27

**YORK UROLOGIC ASSOCIATES**

JOEL CORNFIELD, M.D.      JOHN KRITSAS, M.D.

SAMUEL KRENGEL, M.D.

950 NORTH YORK ROAD, SUITE 208  
HINSDALE, ILLINOIS 60521  
(630) 887-0580

June 28, 2010

Illinois Health Facilities Planning Board

Subject: Certificate of need application for United Shockwave Therapies, LLC in La Grange, IL

To Whom It May Concern:

As you know, the center for Medicare services recently underwent a change in regulations requiring lithotripsy patients who fall under Medicare provisions to be treated at a hospital facility.

This has caused a significant hardship for our patients and significant logistical difficulties with our practice. Further the equipment, which is being brought in to use at the hospitals, is not as optimal as equipment at a fixed site, nor is it available on an as needed basis.

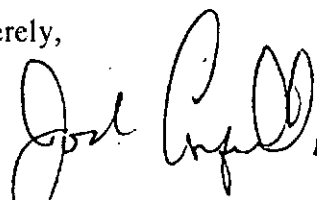
I am writing in support of the certificate of need application for United Shockwave Therapies in La Grange, IL which provides fixed site services for extracorporeal shock wave lithotripsy in an environment that is safe, friendly, accredited by the joint commission and provides state of the art services.

In forcing the patients to be treated at hospitals where the hospitals routinely contract for intermittent services, patients are being forced to both wait for extended periods of time to receive their services and to undergo multiple procedures with multiple anesthetics when they could easily be treated at a single setting with one anesthesia and one service.

In the Greater Metropolitan Chicago area, in the year 2010 this is an unacceptable and potentially dangerous set of circumstances that has no reason to exist and I would urge you in the strongest possible way to a grant certificate of need to the United Shockwave Therapy Facility in La Grange as this will alleviate these problems being caused to our Medicare population.

If you need to speak to me, please do not hesitate to call.

Sincerely,



M.D. FACS

Joel Cornfield, M.D.

Dear Illinois state legislators,

I am writing to you regarding a problem that has significantly affected my medical practice as a urologist. As an actively practicing urologist in the Lagrange and Hinsdale communities in Illinois, I have not been able to provide adequate care to my patients with kidney stone disease due to the fact that Medicare is not contracted with United Urology Centers, LLC at the Lagrange and Hinsdale United facilities. Currently, my Medicare patients have to wait for a mobile lithotripsy unit which periodically is able to travel to a nearby hospital for treatment. The other option for my patients is to drive approximately one hour to a separate lithotripsy center which is based in a hospital setting.

I have found that patients are often forced to wait long periods of time to schedule for mobile lithotripsy or seek care at another lithotripsy center. In the meantime, they may have complications, pain, or require other invasive procedures. In the past, scheduling and performing procedures at the local Lagrange and Hinsdale United shockwave lithotripsy facilities was straightforward, fast and effective providing patients a great service. Please let me provide a recent example of a problem resulting from the attempted use of a mobile lithotripsy unit: My patient was scheduled to have lithotripsy in the hospital at noon and waited 6 hours for the mobile lithotripsy unit while experiencing discomfort. The mobile lithotripsy unit, due to scheduling problems, was unable to make the trip to the hospital and the patient eventually left the hospital quite upset.

Thank you very much for your attention to this matter and for helping our patients receive better more cost effective care.

Sincerely,

A handwritten signature in cursive script that reads "Thomas A. Will". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Thomas A. Will



21stCENTURYUROLOGY

Robert A. Bonzani MD  
Tony Mammen MD



Date: June 28, 2010  
To: State of Illinois  
From: Tony Mammen, M.D.  
Re: CON certification

To whom it may concern,

I am an urologist in the southwest suburbs, main office on Orland Park. I am writing to request CON certification on behalf of United Therapies, LLC, to treat governmental patients at our La Grange facility. This is in the best interest of our Medicare patients as they will not have to wait for an OR time at a hospital. Delaying elective lithotripsy can cause painful stone passage and subsequent need for more invasive, urgent treatment. High quality care for my Medicare patients is top priority.

Sincerely yours,

Tony Mammen, M.D.



**NORTHWEST SUBURBAN UROLOGY ASSOCIATES, S.C.**

GEOFFERY ENGEL, M.D., F.A.C.S.  
DANIEL GARVEY, M.D.  
ERIC J. DYBAL, M.D., F.A.C.S.  
GEORGE A. SCHUSTER, M.D.  
ELI K. MICHAELS, M.D., F.A.C.S.  
JANET RODRIGUEZ, PA-C  
MISTY WESSING, PA-C

TEL: (847) 593-0404  
FAX: (847) 593-1509  
E-MAIL: [information@nsua.com](mailto:information@nsua.com)  
[www.nsua.com](http://www.nsua.com)

July 4, 2010

State of Illinois  
Certificate of need certification agency

To Whom It May Concern:

I have been using United Shockwave Therapies lithotripter facilities for approximately a quarter of a century. As you know United Shockwave predecessor Parkside Kidney Stone Center was one of the earliest innovators in extracorporeal shock wave lithotripsy, a minimally invasive technique to treat kidney stones. Limitations placed on United Therapies LLC which prohibits treating governmental patients at LaGrange or our Hinsdale facility is counterproductive in many ways. These outpatient specialty centers provide cost effective, clinically effective and safe treatment for a pervasive health care issue in our community. United Therapies under its various names has provided the highest quality care providing excellent patient outcomes and minimizing the cost, associated pain and complications associated with kidney stones.

I hope that you will take their request for a certificate of need seriously. These new limitations on the treatment facilities are not benefiting the patient, the physician or the state.

Very truly yours,

Geoffery Engel, M.D., F.A.C.S.

GE:jm

800 BIES TERFIELD ROAD, SUITE 303, ELK GROVE VILLAGE, IL 60007  
1555 N. BARRINGTON ROAD, SUITE 3500, HOFFMAN ESTATES, IL 60169  
880 W. CENTRAL ROAD, SUITE 3100, ARLINGTON HEIGHTS, IL 60005

George T. Jones M.D  
P.O. Box 3245  
Joliet, IL. 60534

To: State of Illinois Planning Board

Dear Sirs,

I am writing in support of the CON certification application of the United Urology Centers' La Grange facility to become a licensed ambulatory surgery center. Prior to a change necessitated by CMS, the center had an arrangement with my local hospital which allowed Medicare patients to register locally and be treated in La Grange. That is no longer possible.

I chose to treat at La Grange because I truly believe that a "fixed site" facility offers several benefits as compared to "mobile lithotripsy". The fixed site is always available to treat. The urologist has only to modify his schedule to treat the patient. The mobile arrives at the local hospital on a set schedule which does not respect the onset of the patient's symptoms. With the mobile, there is competition with other physicians and procedures in the hospital operating room for space and time to treat the patient when the mobile machinery arrives. This lack of availability may lead to additional procedures designed to temporize symptoms until the mobile system arrives. More promptly being able to treat definitively is very likely to decrease the incidence of complications and, obviously, decrease cost.

The fixed site has technology which does not have to be moved, set up, taken down, thus risking problems with calibration, etc. The fixed site machines have the likelihood of being more powerful and, thus, achieving a better rate of success.

The anesthesiologists and recovery room personnel at the fixed site have significantly more experience with this type of treatment than do those at the hospital. Experience is beneficial in treating any medical problem.

It seems inherently unfair to limit the access of optimal care to a patient because of participation in a governmentally sponsored insurance plan. It seems absurd to anticipate having that plan pay more for additional procedures and the basic treatment (lithotripsy) which, I understand, can be less expensively furnished at an ASC than at the hospital.

Because of the above I support the application regarding the ASC.

Please feel free to contact me at 815-953-3893 with any questions,

Sincerely,



George T. Jones M.D.

cc: Tom Cross



**Drs. Moran & Milani**  
a division of UroPartners, LLC

July 1, 2010

CMS

c/o Kathleen Tagge  
United Therapies, LLC  
1875 W. Dempster, Suite G-04  
Park Ridge, IL 60068

RE: CON APPLICATION AT LAGRANGE FACILITY FOR UNITED UROLOGY CENTERS

With my strongest endorsement, I would support a CON for the LaGrange facility of United Urology Centers to be a fully licensed ambulatory surgery center. This would allow the patients whom I have served in the LaGrange area to have their lithotripsy performed in a center that is well staffed and has expert specific care for urinary stone patients. The current practice of having the patients have to wait to be treated at a local hospital which utilizes a mobile unit creates a great deal of difficulty for the patients relative to frequently being subjected to invasive procedures such as ureteral stenting prior to definitive ESWL treatment. Not only is this costly, but it is inconvenient and painful for the patients. The other thing that it does is introduces the risk for infection. Scheduling is much more convenient for patients and will allow definitive treatment in one setting.

I have always found the staff of United Urology Centers to be courteous, timely, and professional in the care of my patients. In the setting of hospitals, I frequently find significant variability in the staffing and unfamiliarity with operations, further raising the potential for complications.

If I can be of any further help in defining the need for a free-standing, fully-licensed ambulatory surgery center to facilitate lithotripsy patients, please contact me.

Sincerely,

A handwritten signature in black ink that reads "George G. Moran, M.D." in a cursive style.

George G. Moran, M.D.





YORK UROLOGIC ASSOCIATES  
JOEL CORNFIELD, M.D. JOHN KRITSAS, M.D.  
SAMUEL KRENGEL, M.D.

950 NORTH YORK ROAD, SUITE 208  
HINSDALE, ILLINOIS 60521  
(630) 887-0580

July 20, 2010

State of Illinois, State Planning Board  
Healthcare Services.

To Whom It May Concern

This letter is in support of United Urology Centers LLC in their effort to seek a certificate of need from the State of Illinois to operate either their La Grange facility or Hinsdale facility as a licensed ambulatory surgical care center. This would allow treatment of my patients to continue in uninterrupted fashion at these lithotripsy sites currently owned by United Urology Centers. These sites have been used for more than 10 years and prevent the forced delay of treatment, which occurs by bringing in mobile lithotripters, which are hospital based and require operating room availability. Patients in the meantime may be forced to undergo additional procedures while they are waiting to undergo elective lithotripsy due to stent pain, stone pain or infection. Better access to equipment would allow us to continue to provide our patients with the high quality of care provided by United Urology Centers. I would encourage the board to seriously address this issue that has impaired the high quality treatment of our patients for the past 7 months. Allowing United Urology Centers to operate their fixed lithotripsy sites as licensed ambulatory surgery centers would allow us to continue to treat our government patients at these centers as we have for more than 10 years.

Thank you for your considerations,

Sincerely,

A handwritten signature in black ink, appearing to be "John Kritsas", written over a circular stamp.

John Kritsas, M.D.  
UROPartners  
950 North York Road, Suite #208  
Hinsdale, IL 60521.  
Cellphone #630-887-0580.

CI/20100720-063/JK/GR/RK

PHONE (708) 386-7868

FAX (708) 386-2784

WEST SUBURBAN UROLOGY  
ROBERT D. ZIMMERMAN, M.D., S.C.  
1 ERIE COURT, SUITE 4030  
OAK PARK, IL 60302

JOHN T. LEYLAND, II, M.D.

MICHAEL J. KARASIS, M.D.

13 July, 2010

To Whom It May Concern:

As a urologist in private practice in Oak Park, IL, I am writing now to support the Certificate of Need application for the La Grange, IL facility of United Urology Centers, LLC.

The outpatient facility in La Grange offers superlative care and a level of technical expertise in specialized urology procedures that is quite simply unavailable at any other facility in which I have practiced.

The La Grange site provides a much-needed service in the urologic community caring for patients on the west side and western suburbs of Chicago. The fixed-site operations allow me a degree of availability, flexibility, and convenience for scheduling that far surpasses that which my hospital operating room can provide. This translates into a significant benefit for both the patient – who is not forced to delay treatment or have their treatment options limited – as well as for myself – allowing me to maximize the time I spend in direct patient care. Patients appreciate that the schedule at La Grange almost uniformly runs on time. They are not forced to “hurry up and wait” as is often the case at the hospital. They find minimal “hassle” with the entire streamlined experience. My patients who have had surgery both in the hospital and at La Grange find the latter to be a more convenient and positive experience without exception. Furthermore, there is certainly a cost advantage for procedures performed in the outpatient community setting over those same services when provided in the hospital.

Unfortunately, the current situation preventing the treatment of Medicare patients at La Grange has had a significant negative impact on my practice and my patients. The limited locations for service have meant more difficulty in scheduling and longer delays to perform procedures. In some cases this has forced a patient to undergo multiple invasive procedures under anesthesia rather than only one surgery. The patients also find themselves with uncomfortable catheters or stents for longer periods of time while waiting for their treatments to be completed. The Medicare-allowable treatment center in Park Ridge is also an inconvenient travel hardship for many of my patients in the area that I serve. These often-elderly patients find themselves now traveling an hour or more in traffic rather than the 10-15 minutes that they previously faced.

I urge you to approve the certificate of need for the United Urology Centers La Grange facility. You will be ensuring that 100% of my patients can be treated with the same high quality, state of the art, professional care that they deserve in a timely, convenient, and cost-efficient manner.

Sincerely,

  
John T. Leyland, II, M.D.



## YORK UROLOGIC ASSOCIATES

JOEL CORNFELD, M.D.      JOHN KRITSAS, M.D.

SAMUEL KRENGEL, M.D.

950 NORTH YORK ROAD, SUITE 208  
HINSDALE, ILLINOIS 60521  
(630) 887-0580

June 29, 2010

To Whom It May Concern:

I am writing this letter in support of United Lithotripsy in their attempts to obtain CON certification from the State of Illinois to operate at the LaGrange facility as a licensed ambulatory surgical center.

I have been a practicing physician for over 17 years in the State of Illinois and have been utilizing United Lithotripsy for all my lithotripsy patients. As of January 1, I have been unable to take my Medicare patients to the local treating areas in Hinsdale and LaGrange due to changes in the interpretation of lithotripsy services as an outpatient. I have, however, been able to take my private paying patients.

As it stands, although I have state of the art lithotripsy one mile from my office and generally within five miles of all of my patients, I have had to treat them in the Park Ridge facility, approximately 25 miles away, and at times traveling over 1½ hours. I find this to be very disconcerting in treating my private patients differently from my Medicare patients. In a response to this, LaGrange Memorial Hospital has set up a mobile lithotripsy services which will service my patients. I find this not acceptable for many reasons.

First of all, due to the arrangements made by LaGrange Memorial Hospital, the upfront cost for lithotripsy services are much different and many of my patients have to pay out of their pocket just to schedule the procedures. Secondly, the mobile lithotripsy services are less superior and not "state of the art" as compared to the fixed sites and from the United Lithotripsy Group. Scheduling is also an issue. Currently the only day the mobile lithotripsy will come is Tuesday. From this standpoint, I have to have my patients wait and possibly receive more invasive procedures instead of proceeding just for lithotripsy at basically an open time which was much easier to schedule in the past for both me and my patients. I find this to be very limiting and somewhat difficult to deal with.

United Lithotripsy has been a mainstay in the Chicago area for over 25 years and have provided lithotripsy services when local hospitals and government facilities would not. The expert high quality care is unparalleled and the fixed site facilities account for almost 60% of the total lithotripsy cases performed at all their sites nationwide. Furthermore, United Lithotripsy is accredited by the Joint Commission. Continued efforts to improve the results and improve efficiency have been unparalleled in the industry.



YORK UROLOGIC ASSOCIATES

JOEL CORNFIELD, M.D.      JOHN KRITSAS, M.D.  
SAMUEL KRENGEL, M.D.

950 NORTH YORK ROAD, SUITE 208  
HINSDALE, ILLINOIS 60521  
(630) 887-0580

June 29, 2010  
Page 2

In summary, I recommend that you strongly consider that United Lithotripsy/ LaGrange Facility receive CON certification from the State of Illinois to operated ambulatory lithotripsy services in that region. Their commitment to excellence and their continued endeavor to provide outstanding service to both the physician and patient are unparalleled.

Thank you very much.

Sincerely,

Samuel S. Kregel, M.D.  
Urologic Associates  
SSK:hss/jw

# DUPAGE UROLOGY ASSOCIATES, LTD.

PRACTICE LIMITED TO ADULT & PEDIATRIC UROLOGY

TELEPHONE (630) 369-1572

FAX (630) 369-6139

www.dupageuro.com

July 7, 2010

*John Bockrath, M.D.*

*Robert Pasciak, M.D.*

*Paul Lyon, M.D.*

*Bejan Fakouri, M.D.*

*Robert Seo, M.D.*

State Planning Board

Dear Members:

This letter is in support of a CON requested by United Therapies for a certificate from the State of Illinois for their La Grange facility to be operated as a license to Ambulatory Surgery Center. I would like to support this process because my patients can have better access to stone care. They can get very precise care in a facility with a great deal of experience treating these patients. At the moment, it is difficult for me to get any patients who are government type reimbursement, especially Medicare patients, treated for their shock wave lithotripsy treatments as an outpatient. These patients then end up driving longer distances making problems for themselves, their caregivers, etc. Adding this outpatient location, we will improve their ability to get in and out of the center in an efficient manner and we will improve the quality of their care overall.

Sincerely,

Paul Lyon, M.D.

PL/zydoctranscriptionservice/Jul8/4540926/sak

*Urologic Oncology*

*Urinary Continence*

*Male Infertility*

*Sexual Dysfunction*

*Laparoscopy*

*Continent Diversion*

*Laser Surgery*

*Microwave Therapy*

*Lithotripsy*

*Robotic Surgery*

*Office Vasectomy*

*Cystoscopy*

*Prostate Ultrasound*

*Prostate Biopsy*

*Urodynamics*

# WEST SUBURBAN UROLOGY, S.C.

*SPECIALIZING IN ADULT AND PEDIATRIC UROLOGY*

3825 HIGHLAND AVENUE, SUITE 207  
DOWNERS GROVE, IL 60515

Paul J. West, M.D.  
TELEPHONE 630/960-1498  
FAX 630/960-9303

July 19, 2010

F. Bruce Cohen

Dear Mr. Cohen,

I am writing to encourage you to pursue con application for the LaGrange Lithotripter as soon as possible. There are a large number of patients in my practice who are covered by Medicare and have stones. Currently the inability to treat patients at the LaGrange center causes great inconvenience to them as well as to my practice and me. Patients from the western suburbs and this portion of Dupage County are forced to travel an excessive distance in order to have their stones treated. The LaGrange facility which I use for most non-Medicare patients is an excellent facility which is fully competent to serve the medical needs of my patients. Without access to that facility there is a long waiting time and significant disruption in service when we are forced to use another facility. High quality care is important and that has been demonstrated at the LaGrange facility. It would be a great service to my Medicare patients and me if this facility were open to the treatment of my patient

Best regards,



Paul J. West, M.D.

ATTACHMENT

27

Urologic Oncology

Infertility

Sexual Dysfunction

Vasectomy

Urogynecology

Lithotripsy

0786



August 2, 2010

United Therapies, LLC  
c/o Kathleen Tagge  
1875 W. Dempster, Suite G-04  
Park Ridge, IL 60068

Dear Kathleen:

I am writing in support of the CON certification application of United Urology Centers' LaGrange IL facility to become a licensed ambulatory surgery center. Previously, the Center had an arrangement with my local hospital that allowed Medicare patients to register locally and be treated in LaGrange. Due to changes necessitated by the CMS that is no longer possible.

I choose to treat at LaGrange because I believe that a 'fixed site' facility offers my patients several benefits compared to 'mobile lithotripsy.' The fixed site is always available to treat; the urologist has only to modify his schedule to treat the patient. On the other hand, the mobile unit arrives at the hospital on a set schedule that does not respect the onset of the patient's symptoms, plus there is competition with other physicians and procedures for operating room space and time to treat the patient once the mobile equipment arrives. This lack of availability may lead to additional procedures designed to alleviate symptoms until the mobile system arrives. The prompt treatment afforded by a fixed site is very likely to decrease the incidence of complications and, obviously, decrease cost.

The fixed site has machinery that does not have to be moved, set up, or taken down, risking problems with calibration, etc. In addition, the fixed site machines have the likelihood of being more powerful, affording a better rate of success, and reduced need for repeat procedures.

The anesthesiologists and recovery room personnel at the fixed site have significantly more experience with this type of procedure than their hospital counterparts do, and experience is beneficial in treating any medical problem.

It seems inherently unfair to limit the access of optimal care to a patient because of participation in a governmentally sponsored insurance plan. Further, it seems absurd to anticipate having that plan pay more for additional procedures and the basic treatment (lithotripsy) which, I understand, can be less expensive when furnished at an ASC as opposed to the hospital.

For the reasons outlined above, I support United Urology Centers' application for CON certification in LaGrange. Please feel free to contact me at 708-783-0700 with any questions.

Sincerely,

Edward Kirsh, MD, FACS

September 19, 2010

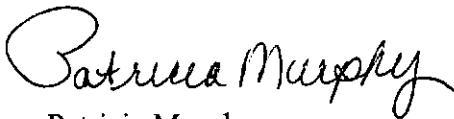
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Charge Commitment for United Shockwave Therapy Center – La Grange**

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby certify and commit that the usual and customary charges set forth on the attached table will not be increased, at a minimum, for the first two years of operation following the licensure and opening of the Applicant's proposed single specialty, ambulatory surgical treatment center at 120 North LaGrange Road in LaGrange, Illinois, unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

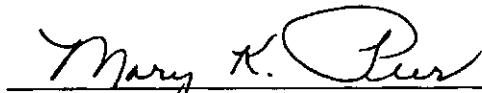
Sincerely,



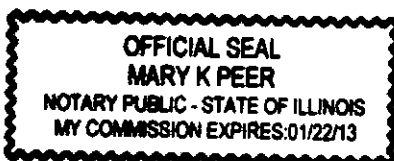
Patricia Murphy  
Vice President, Operations

**SUBSCRIBED AND SWORN**

to before me this 23 day of September, 2010.



Notary Public





**UNITED UROLOGY CENTERS LLC  
(d/b/a UNITED THERAPY -- LAGRANGE)**

**USUAL AND CUSTOMARY CHARGES**

**EFFECTIVE APRIL 1, 2010**

<b>ESWL PROCEDURES</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>Extracorporeal Shockwave Lithotripsy (Unilateral)</b> Technical/Supplies	50590	0790	\$ 12,234
<b>Extracorporeal Shockwave Lithotripsy (Bilateral)</b> Technical/Supplies	50590-LT and 50590-RT	0790	\$ 12,234
Total Facility Fees		0790	\$ <u>12,234</u>
		0790	=\$ 24,468

<b>CYSTO PROCEDURES</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>Cystourethroscopy</b> Technical/Supplies	52000	0361	\$ 2,223
<b>Cysto, Stone Manipulation with Extraction</b> Technical/Supplies	52320	0361	\$ 2,223
<b>Cysto, Stone Manipulation without Extraction</b> Technical/Supplies	52330	0361	\$ 2,223
<b>Cysto, Insert Stent (Unilateral)</b> Technical/Supplies	52332	0361	\$ 2,223
<b>Cysto, Insert Stent (Bilateral)</b> Technical/Supplies	52332-LT and 52332-RT	0361	\$ 2,223
Total Facility Fees		0361	\$ <u>2,223</u>
			=\$ 4,446
<b>Cysto, Remove Stent (Unilateral)</b> Technical/Supplies	52310	0361	\$ 2,223
<b>Cysto, Remove Stent (Bilateral)</b> Technical/Supplies	52310-LT and 52310-RT	0361	\$ 2,223
Total Facility Fees		0361	\$ <u>2,223</u>
			=\$ 4,446

<b>CYSTO PROCEDURES</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>Cysto with Catheter, With or Without Contrast (Unilateral)</b>			
Technical/Supplies	52005	0361	\$ 2,223
<b>Cysto with Catheter, With or Without Contrast (Bilateral)</b>			
Technical/Supplies	52005-LT and 52005-RT	0361	\$ 2,223
		0361	<u>\$ 2,223</u>
Total Facility Fees			= \$ 4,446
<b>Miscellaneous Supplies</b>			
Ureteral Brush	99070	0272	\$ 232
Stone Basket	99070	0272	\$ 539
Stent	99070	0272	\$ 370
Guide Wire	99070	0272	\$ 93

<b>TUNA PROCEDURE</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>TransUrethral Needle Ablation of the Prostate</b>			
Professional (TBD by Urologist)	53852	0490	\$ TBD
Technical/Supplies	99070	0270	\$ 11,559
Needle cartridge			<u>\$ 2,440</u>
Total Global Fees			= \$13,999

<b>HPS PROCEDURE</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>HPS Laser</b>			
Professional (TBD by Urologist)	52648		\$ TBD
Technical/Supplies	99070	0490	\$11,559
HPS fiber		0270	<u>\$ 1,975</u>
Total Global Fees – HPS Laser			= \$13,534

<b>HOLMIUM PROCEDURE</b>	<b>CPT CODES</b>	<b>REVENUE CODE</b>	<b>2010 CHARGE</b>
<b>Cystourethroscopy with ureteroscopy / pyeloscopy</b>			
Technical/Supplies	52351	0490	\$ 7,300
Holmium Fiber	99070	0270	\$ 664
Total Facility Fees			= \$ 7,964
<b>Cystourethroscopy with removal/ manipulation of calculus</b>			
Technical/Supplies	52352		\$ 7,300
Holmium Fiber		0490	\$ 664
Total Facility Fees	99070	0270	= \$ 7,964
<b>Cystourethroscopy with lithotripsy</b>			
Technical/Supplies	52353		\$ 10,632
Holmium Fiber		0490	\$ 664
Total Facility Fees	99070	0270	= \$ 11,296
<b>Cystourethroscopy with biopsy</b>			
Technical/Supplies	52354		\$ 7,300
Total Facility Fees		0490	= 7,300
<b>Litholapaxy Crushing Calculus (less than 2.5 cm)</b>			
Technical/Supplies	52317		\$ 7,300
Holmium Fiber		0490	\$ 664
Total Facility Fees	99070	0270	= \$ 7,964
<b>Litholapaxy Crushing Bladder Calculus (over 2.5 cm)</b>			
Technical/Supplies	52318		\$ 7,300
Holmium Fiber		0490	\$ 664
Total Facility Fees	99070	0270	= \$ 7,964
<b>Cystourethroscopy small bladder tumor</b>			
Technical/Supplies	52234		\$ 3,650
Bladder tumor fiber	99070		\$ 664
Total Facility Fees			= \$ 4,314

<b>Cystourethroscopy medium bladder tumor</b>			
	52235		\$ 3,650
Technical/Supplies			\$ 664
Bladder tumor fiber	99070		= \$ 4,314
Total Facility Fees			
<b>Cystourethroscopy large bladder tumor</b>			
	52240		\$ 3,650
Technical/Supplies			\$ 664
Bladder tumor fiber	99070		= \$ 4,314
Total Facility Fees			

## ANESTHESIA

EFFECTIVE MARCH 1, 2010

PROCEDURE DESCRIPTION	CPT CODES	2010 CHARGE	BASE UNITS
Anes: ESWL (Unilateral) with water bath	00872-AA	\$110.00/10 MIN. UNIT	7
Anes: ESWL (Bilateral) with water bath	00872-AA	\$110.00/10 MIN. UNIT	7
Anes: ESWL (Unilateral) without water bath	00873-AA	\$110.00/10 MIN. UNIT	5
Anes: ESWL (Bilateral) without water bath	00873-AA	\$110.00/10 MIN. UNIT	5
Anes: Cystourethroscopy	00910-AA	\$110.00/10 MIN. UNIT	3
Anes: Cysto, Stone Manip. with Extraction	00918-AA	\$110.00/10 MIN. UNIT	5
Anes: Cysto, Stone Manip. without Extraction	00910-AA	\$110.00/10 MIN. UNIT	3
Anes: Cysto Insert Stent	00910-AA	\$110.00/10 MIN. UNIT	3
Anes: Cysto Remove Stent	00910-AA	\$110.00/10 MIN. UNIT	3
Anes: Cysto With Catheter, with/without Contrast	00910-AA	\$110.00/10 MIN. UNIT	3
Anes: Transurethral Needle Ablation of Prostate	00914-AA	\$110.00/10 MIN. UNIT	5
Anes: Photoselective Vaporization of the Prostate	00914-AA	\$110.00/10 MIN. UNIT	5

**Section VIII**  
**Availability of Funds**  
**Criterion 1120.120**

The Applicant will be funding its obligations under this Project with cash and cash equivalents. Bruce Cohen's Affidavit of Available Funds in support of this Criterion is attached at ATTACHMENT 39. The Applicant's financial statements are also attached at ATTACHMENT 39 and show that the Applicant was holding more than \$13,393,676 in cash and cash equivalents as of its last financial statement (June 30, 2010). Thus, the Applicant has sufficient cash and cash equivalents to fund its obligations under this Project.

An Affidavit relative to the Applicant's Space Lease is attached at ATTACHMENT 7.

September 13, 2010

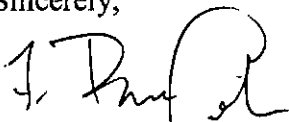
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Criterion 1120.120(a) Available Funds Certification**

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.120(a), that United Urology Centers LLC has sufficient and readily accessible cash and cash equivalents to fund its obligations as set forth in its Certificate of Need Application.

Sincerely,



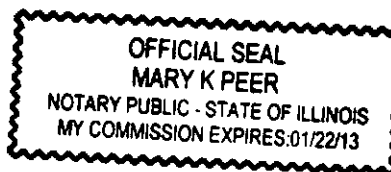
F. Bruce Cohen  
Chief Operating Officer

**SUBSCRIBED AND SWORN**

to before me this 13 day of September, 2010.



Notary Public



**United Urology Centers, L.L.C.**

**Financial Statements and  
Supplementary Information**

**June 30, 2010**



**United Urology Centers, L.L.C.**  
**June 30, 2010**

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*Focus. Dedication. Relationships.*  
CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

To the Members  
United Urology Centers, L.L.C.

### **Accountant's Compilation Report**

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We have compiled the accompanying statement of assets, liabilities and equity - modified cash basis of United Urology Centers, L.L.C. as of June 30, 2010, and the related statements of revenues and expenses - modified cash basis for the periods then ended, and the accompanying supplementary information, which is presented only for supplementary analysis purposes in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statements and supplementary schedules have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

A compilation is limited to presenting, in the form of financial statements and supplementary schedules, information that is the representation of management. We have not audited or reviewed the accompanying financial statements and supplementary schedules, and accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity and revenues and expenses. Accordingly, these financial statements and supplementary schedules are not designed for those who are not informed about such matters.

*Frost, Rittenberg & Rothblatt, P.C.*

July 29, 2010

**Financial Statements**

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**June 30, 2010**

**Assets**

**Current Assets**

Cash and Cash Equivalents	\$ 13,393,676
Notes Receivable - Current Portion	84,519
<b>Total Current Assets</b>	<b>13,478,195</b>

**Property and Equipment**

Furniture and Fixtures	430,932
Computers	745,189
Medical Equipment	11,757,559
Office Equipment	89,561
Mobile Trucks	1,165,246
Leasehold Improvements	1,080,018
<b>Total</b>	<b>15,268,505</b>
Less: Accumulated Depreciation	(10,925,064)
<b>Net Property and Equipment</b>	<b>4,343,441</b>

**Other Assets**

Deposits on Equipment	99,013
Notes Receivable	300,581
Investment in Kidneystone Real Estate	16,228
Goodwill	4,567,088
<b>Total Other Assets</b>	<b>4,982,910</b>
<b>Total Assets</b>	<b>\$ 22,804,546</b>

See Accountant's Compilation Report.

0800

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**June 30, 2010**

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**Liabilities and Members' Equity**

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**Current Liabilities**

Due to Members	\$ 3,603,090
<b>Total Current Liabilities</b>	<b>3,603,090</b>

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**Members' Equity**

Balance - Beginning	16,201,496
Net Income	10,495,718
Member Withdrawals	(55,820)
Member Distributions	(7,439,938)
<b>Total Members' Equity</b>	<b>19,201,456</b>
<b>Total Liabilities and Members' Equity</b>	<b>\$ 22,804,546</b>

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See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Statements of Revenues and Expenses - Modified Cash Basis**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>Revenues</b>				
Gross Fees Collected	\$ 26,118,867	\$ 4,350.97	\$ 13,522,122	\$ 4,410.35
Less: Fee Refunds Paid	(1,291,296)	(215.11)	(608,396)	(198.43)
<b>Net Revenues Collected</b>	<b>24,827,571</b>	<b>4,135.86</b>	<b>12,913,726</b>	<b>4,211.92</b>
<b>Expenses</b>				
Operations	5,192,019	864.90	2,369,825	772.94
Billing - Net	954,663	117.06	426,318	103.00
Development	112,960	18.82	46,718	15.24
Administration	658,285	109.66	278,757	90.92
General and Administrative Expenses	2,759,641	459.71	1,409,648	459.77
Physician Professional Fees	4,403,534	733.56	2,303,344	751.25
<b>Total Expenses</b>	<b>14,081,101</b>	<b>2,303.71</b>	<b>6,834,610</b>	<b>2,193.12</b>
<b>Income Before Capital Expenses</b>	<b>10,746,470</b>	<b>1,832.15</b>	<b>6,079,116</b>	<b>2,018.80</b>
<b>Capital Expenses</b>				
Depreciation	567,211	94.49	282,378	92.10
<b>Total Capital Expenses</b>	<b>567,211</b>	<b>94.49</b>	<b>282,378</b>	<b>92.10</b>
<b>Income From Operations</b>	<b>10,179,259</b>	<b>1,737.66</b>	<b>5,796,738</b>	<b>1,926.70</b>
<b>Other Income (Expense)</b>				
Interest Income	12,494	2.08	6,476	2.11
Capital Equipment Rental Income	600,989	100.11	226,625	73.92
Loss on Sale of Fixed Assets	(72,283)	(12.04)	(72,283)	(23.58)
<b>Total Other Income (Expense)</b>	<b>541,200</b>	<b>90.15</b>	<b>160,819</b>	<b>52.45</b>
<b>Income Before Provision For Income Taxes</b>	<b>10,720,459</b>	<b>1,827.81</b>	<b>5,957,557</b>	<b>1,979.15</b>
State Income Tax	(224,741)	(37.44)	(56,759)	(18.51)
<b>Net Income</b>	<b>\$ 10,495,718</b>	<b>\$ 1,790.37</b>	<b>\$ 5,900,798</b>	<b>\$ 1,960.64</b>
<b>Total Number of Cases - UUC</b>		<b>6,003</b>		<b>3,066</b>
<b>Total Number of Cases - Billing Services</b>		<b>8,155</b>		<b>4,139</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Statements of Cash Flows - Modified Cash Basis**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010	Three Months Ended June 30, 2010
<b>Cash Flows From Operating Activities</b>		
<b>Net Income</b>	<b>\$ 10,495,718</b>	<b>\$ 5,900,798</b>
<b>Adjustments to Reconcile Net Income to Net Cash Provided By (Used In) Operating Activities</b>		
Depreciation and Amortization	567,211	282,378
Loss on Sale of Fixed Assets	72,283	72,283
(Increase) Decrease in Assets		
Prepaid Expenses and Other Current Assets	(683)	(343)
Other Assets	(7,300)	(3,702)
<b>Total Adjustments</b>	<b>631,511</b>	<b>350,616</b>
<b>Net Cash Provided By (Used In) Operating Activities</b>	<b>11,127,229</b>	<b>6,251,414</b>
<b>Cash Flows From Investing Activities</b>		
Payments for Acquisition of Property and Equipment	(544,550)	(542,423)
Payments for Deposits on Property and Equipment	(61,013)	(59,013)
Proceeds from Sale of Property and Equipment	10	10
Payments for Notes Receivable	(50,000)	(50,000)
Proceeds from Notes Receivable	16,749	8,416
<b>Net Cash Provided By (Used In) Investing Activities</b>	<b>(638,804)</b>	<b>(643,010)</b>
<b>Cash Flows From Financing Activities</b>		
Proceeds from (Payments on) Due to Members - Net	(398,906)	(399,429)
Payments for Member Withdrawals	(55,820)	(51,187)
Payments on Member Distributions	(13,930,312)	(3,448,957)
<b>Net Cash Provided By (Used In) Financing Activities</b>	<b>(14,385,038)</b>	<b>(3,899,573)</b>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	<b>(3,896,613)</b>	<b>1,708,831</b>
Cash and Cash Equivalents - Beginning	17,290,289	11,684,845
<b>Cash and Cash Equivalents - Ending</b>	<b>\$ 13,393,676</b>	<b>\$ 13,393,676</b>

See Accountant's Compilation Report.

**Supplementary Information**

0804



**United Urology Centers, L.L.C.**  
**Schedules of Operating Expenses - Modified Cash Basis**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>Operations Expenses</b>				
Salaries	\$ 1,723,811	\$ 287.16	\$ 805,661	\$ 262.77
Advocate Salaries and Benefits	4,511	0.75	4,511	1.47
Bonuses	30	0.00	30	0.01
Payroll Taxes	143,517	23.91	59,367	19.36
Employee Health Insurance	253,404	42.21	128,633	41.95
Employee Life and Disability Insurance	24,413	4.07	12,232	3.99
Workers' Compensation Insurance	417	0.07	296	0.10
Retirement Plan Expense	154,999	25.82	22,228	7.25
Employee Lodging	17,697	2.95	8,739	2.85
Employee Meals	6,463	1.08	2,994	0.98
Employee Seminars	1,616	0.27	808	0.26
Medical Supplies	316,949	52.80	160,252	52.27
Medical Supplies - TUMT Probes	49,309	8.21	15,300	4.99
Hazardous Waste Removal	1,094	0.18	137	0.04
Medical Equipment Maintenance	18,864	3.14	12,494	4.08
Lithotripter Maintenance	515,374	85.85	217,045	70.79
Greenlight Maintenance Expense	105,495	17.57	34,939	11.40
Machine Electrodes	337,349	56.20	122,682	40.01
Mobile Location Site Fees	1,016,467	169.33	574,988	187.54
Truck Maintenance	67,453	11.24	25,570	8.34
Truck Garage Rental	10,639	1.77	4,159	1.36
Gas Expense	72,729	12.12	37,625	12.27
Car and Truck Rental Expense	1,679	0.28	217	0.07
Travel	20,022	3.34	9,385	3.06
Office Expense	41,547	6.92	21,788	7.11
Office Repairs and Maintenance	15,895	2.65	6,114	1.99
Office Equipment Rental	4,754	0.79	2,402	0.78
Outside Services	22,621	3.77	8,305	2.71
Dues and Subscriptions	5,555	0.93	527	0.17
Licenses and Permits	596	0.10	356	0.12
Rent	129,542	21.58	45,816	14.94
Utilities	14,937	2.49	7,595	2.48
Telephone	28,131	4.69	16,630	5.42
Real Estate Taxes	64,140	10.68	0	0.00
<b>Total Operations Expenses</b>	<b>\$ 5,192,019</b>	<b>\$ 864.90</b>	<b>\$2,369,825</b>	<b>\$ 772.94</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Schedules of Operating Expenses - Modified Cash Basis - Continued**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>Billing Expense - Net</b>				
Salaries	\$ 796,896	\$ 97.72	\$ 368,171	\$ 88.95
Payroll Taxes	68,084	8.35	28,457	6.88
Employee Health Insurance	134,319	16.47	68,732	16.61
Employee Life and Disability Insurance	12,649	1.55	6,245	1.51
Retirement Plan Expense	66,066	8.10	8,759	2.12
Employee Lodging	1,259	0.15	1,259	0.30
Employee Meals	664	0.08	310	0.07
Employee Seminars	3,333	0.41	3,035	0.73
Travel	1,922	0.24	1,621	0.39
Office Expense	37,137	4.55	13,933	3.37
Office Repairs and Maintenance	416	0.05	246	0.06
Office Equipment Rental	6,442	0.79	3,389	0.82
Computer Expense	22,776	2.79	11,190	2.70
Outside Services	235	0.03	(8)	0.00
Dues and Subscriptions	1,265	0.16	450	0.11
Rent	86,195	10.57	46,463	11.23
Utilities	3,287	0.40	1,643	0.40
Telephone	18,179	2.23	9,602	2.32
<b>Total Billing Expense</b>	<b>1,261,124</b>	<b>154.64</b>	<b>573,498</b>	<b>138.57</b>
Less: Billing Service/Admin. Fee	(306,461)	(37.58)	(147,180)	(35.56)
<b>Billing Expense - Net</b>	<b>\$ 954,663</b>	<b>\$ 117.06</b>	<b>\$ 426,318</b>	<b>\$ 103.00</b>
<b>Total Cases - UUC</b>		<b>6,003</b>		<b>3,066</b>
<b>Total Cases - USWT</b>		<b>320</b>		<b>164</b>
<b>Total Cases - UMT</b>		<b>1,832</b>		<b>909</b>
<b>Grand Total Cases - Billing</b>		<b>8,155</b>		<b>4,139</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Schedules of Operating Expenses - Modified Cash Basis - Continued**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>Development Expenses</b>				
Salaries	\$ 58,265	\$ 9.71	\$ 14,475	\$ 4.72
Payroll Taxes	4,253	0.71	1,041	0.34
Employee Health and Dental Insurance	7,517	1.25	3,831	1.25
Employee Life and Disability Insurance	964	0.16	482	0.16
Retirement Plan Expense	9,712	1.62	1,793	0.58
Employee Lodging	1,449	0.24	619	0.20
Employee Meals	295	0.05	224	0.07
Gas Expense	91	0.02	32	0.01
Car and Truck Rental Expense	832	0.14	697	0.23
Sales and Marketing	19,775	3.29	16,779	5.47
Travel	3,633	0.61	2,392	0.78
Office Expense	2,872	0.48	2,753	0.90
Internet Services	2,519	0.42	1,171	0.38
Telephone	785	0.13	429	0.14
<b>Total Development Expenses</b>	<b>\$ 112,960</b>	<b>\$ 18.82</b>	<b>\$ 46,718</b>	<b>\$ 15.24</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Schedules of Operating Expenses - Modified Cash Basis - Continued**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>Administration Expense</b>				
Salaries	\$ 504,439	\$ 84.03	\$ 225,273	\$ 73.47
Payroll Taxes	27,423	4.57	5,759	1.88
Employee Health and Dental Insurance	11,016	1.84	5,879	1.92
Employee Life and Disability Insurance	3,310	0.55	1,655	0.54
Retirement Plan Expense	31,233	5.20	2,477	0.81
Employee Lodging	1,386	0.23	1,149	0.37
Employee Meals	2,246	0.37	463	0.15
Employee Seminars	75	0.01	75	0.02
Gas Expense	11	0.00	11	0.00
Car and Truck Rental Expense	123	0.02	123	0.04
Sales and Marketing	507	0.08	338	0.11
Travel	5,773	0.96	2,235	0.73
Office Expense	15,738	2.62	7,892	2.57
Office Equipment Rental	2,675	0.45	1,375	0.45
General Insurance	6,903	1.15	0	0.00
Dues and Subscriptions	175	0.03	160	0.05
Bank Charges	6,637	1.11	5,517	1.80
Donations	50	0.01	25	0.01
Rent	30,665	5.11	12,368	4.03
Utilities	1,540	0.26	770	0.25
Telephone	6,360	1.06	5,213	1.70
<b>Total Administration Expense</b>	<b>\$ 658,285</b>	<b>\$ 109.66</b>	<b>\$ 278,757</b>	<b>\$ 90.92</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Schedules of General and Administrative Expenses -**  
**Modified Cash Basis**  
**For the Six Months and Three Months Ended June 30, 2010**

	Six Months Ended June 30, 2010		Three Months Ended June 30, 2010	
	Amount	Amount Per Case	Amount	Amount Per Case
<b>General and Administrative Expense</b>				
Data Processing	\$ 43,202	\$ 7.20	\$ 21,263	\$ 6.94
Human Resources	8,786	1.46	6,508	2.12
Employee Health and Dental Insurance	9,700	1.62	5,094	1.66
Employee Lodging	507	0.08	507	0.17
Car and Truck Rental Expense	36,837	6.14	24,468	7.98
Customer Relations	10,888	1.81	7,732	2.52
Travel	278	0.05	0	0.00
Office Expense	2,929	0.49	157	0.05
Holiday Party Expense	6,833	1.14	0	0.00
Sales and Marketing	1,668	0.28	0	0.00
General Insurance	30,748	5.12	13,424	4.38
Management Fees	1,415,900	235.87	722,700	235.71
Professional Fees	1,142,306	190.29	590,698	192.66
Dues and Subscriptions	23,904	3.98	5,101	1.66
Licenses and Permits	16,939	2.82	7,247	2.36
Use Taxes	2,758	0.46	229	0.07
State Franchise Taxes	4,289	0.71	3,708	1.21
Telephone	1,170	0.19	813	0.27
<b>Total General and Administrative Expenses</b>	<b>\$ 2,759,641</b>	<b>\$ 459.71</b>	<b>\$ 1,409,648</b>	<b>\$ 459.77</b>

See Accountant's Compilation Report.

# United Urology Centers, L.L.C.

## Schedules of Revenues and Expenses - Modified Cash Basis

For the Three Months Ended June 30, 2010 and March 31, 2010

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Revenues</b>						
Gross Fees Collected	\$ 13,522,122	\$ 4,410.35	\$ 12,596,745	\$ 4,288.98	\$ 925,377	\$ 121.37
Less: Fee Refunds Paid	(608,396)	(198.43)	(682,901)	(232.52)	74,505	34.09
<b>Net Revenues Collected</b>	<b>12,913,726</b>	<b>4,211.92</b>	<b>11,913,844</b>	<b>4,056.46</b>	<b>999,881</b>	<b>155.46</b>
<b>Expenses</b>						
Operations	2,369,825	772.94	2,822,193	960.91	(452,368)	(187.97)
Billing - Net	426,318	103.00	528,345	131.56	(102,027)	(28.56)
Development	46,718	15.24	66,242	22.55	(19,525)	(7.31)
Administration	278,757	90.92	379,528	129.22	(100,771)	(38.30)
General and Administrative Expenses	1,409,648	459.77	1,349,993	459.65	59,655	0.12
Physician Professional Fees	2,303,344	751.25	2,100,189	715.08	203,155	36.17
<b>Total Expenses</b>	<b>6,834,610</b>	<b>2,193.12</b>	<b>7,246,490</b>	<b>2,418.97</b>	<b>(411,880)</b>	<b>(225.85)</b>
<b>Income Before Capital Expenses</b>	<b>6,079,116</b>	<b>2,018.80</b>	<b>4,667,354</b>	<b>1,637.49</b>	<b>1,411,761</b>	<b>381.31</b>
<b>Capital Expenses</b>						
Depreciation	282,378	92.10	284,833	96.98	(2,455)	(4.88)
<b>Total Capital Expenses</b>	<b>282,378</b>	<b>92.10</b>	<b>284,833</b>	<b>96.98</b>	<b>(2,455)</b>	<b>(4.88)</b>
<b>Income From Operations</b>	<b>5,796,738</b>	<b>1,926.70</b>	<b>4,382,521</b>	<b>1,540.51</b>	<b>1,414,216</b>	<b>386.19</b>
<b>Other Income (Expense)</b>						
Interest Income	6,476	2.11	6,017	2.05	459	0.06
Capital Equipment Rental Income	226,625	73.92	374,363	127.46	(147,738)	(53.54)
Loss on Sale of Fixed Assets	(72,283)	(23.58)	0	0.00	(72,283)	(23.58)
<b>Total Other Income (Expense)</b>	<b>160,819</b>	<b>52.45</b>	<b>380,381</b>	<b>129.51</b>	<b>(219,562)</b>	<b>(77.06)</b>
<b>Income Before Provision For Income Taxes</b>	<b>5,957,557</b>	<b>1,979.15</b>	<b>4,762,902</b>	<b>1,670.02</b>	<b>1,194,655</b>	<b>309.13</b>
State Income Tax	(56,759)	(18.51)	(167,982)	(57.20)	111,223	38.69
<b>Net Income</b>	<b>\$ 5,900,798</b>	<b>\$ 1,960.64</b>	<b>\$ 4,594,920</b>	<b>\$ 1,612.82</b>	<b>\$ 1,305,878</b>	<b>\$ 347.82</b>
<b>Total Number of Cases - UUC</b>		<b>3,066</b>		<b>2,937</b>		<b>129</b>

See Accountant's Compilation Report.

# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis

For the Three Months Ended June 30, 2010 and March 31, 2010

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Operations Expenses</b>						
Salaries	\$ 805,661	\$ 262.77	\$ 918,149	\$ 312.61	\$ (112,488)	\$ (49.84)
Advocate Salaries and Benefits	4,511	1.47	0	0.00	4,511	1.47
Bonuses	30	0.01	0	0.00	30	0.01
Payroll Taxes	59,367	19.36	84,150	28.65	(24,784)	(9.29)
Employee Health Insurance	128,633	41.95	124,771	42.48	3,862	(0.53)
Employee Life and Disability Insurance	12,232	3.99	12,181	4.15	50	(0.16)
Workers' Compensation Insurance	296	0.10	120	0.04	176	0.06
Retirement Plan Expense	22,228	7.25	132,772	45.21	(110,544)	(37.96)
Employee Lodging	8,739	2.85	8,958	3.05	(219)	(0.20)
Employee Meals	2,994	0.98	3,469	1.18	(476)	(0.20)
Employee Seminars	808	0.26	808	0.28	0	(0.02)
Medical Supplies	160,252	52.27	156,697	53.35	3,555	(1.08)
Medical Supplies - TUMT Probes	15,300	4.99	34,009	11.58	(18,709)	(6.59)
Hazardous Waste Removal	137	0.04	957	0.33	(820)	(0.29)
Medical Equipment Maintenance	12,494	4.08	6,370	2.17	6,125	1.91
Lithotripter Maintenance	217,045	70.79	298,329	101.58	(81,284)	(30.79)
Greenlight Maintenance Expense	34,939	11.40	70,556	24.02	(35,617)	(12.62)
Machine Electrodes	122,682	40.01	214,667	73.09	(91,985)	(33.08)
Mobile Location Site Fees	574,988	187.54	441,479	150.32	133,509	37.22
Truck Maintenance	25,570	8.34	41,882	14.26	(16,312)	(5.92)
Truck Garage Rental	4,159	1.36	6,480	2.21	(2,321)	(0.85)
Gas Expense	37,625	12.27	35,104	11.95	2,521	0.32
Car and Truck Rental Expense	217	0.07	1,462	0.50	(1,246)	(0.43)
Travel	9,385	3.06	10,637	3.62	(1,252)	(0.56)
Office Expense	21,788	7.11	19,759	6.73	2,028	0.38
Office Repairs and Maintenance	6,114	1.99	9,781	3.33	(3,668)	(1.34)
Office Equipment Rental	2,402	0.78	2,352	0.80	49	(0.02)
Outside Services	8,305	2.71	14,316	4.87	(6,011)	(2.16)
Dues and Subscriptions	527	0.17	5,028	1.71	(4,501)	(1.54)
Licenses and Permits	356	0.12	240	0.08	117	0.04
Rent	45,816	14.94	83,726	28.51	(37,909)	(13.57)
Utilities	7,595	2.48	7,342	2.50	253	(0.02)
Telephone	16,630	5.42	11,501	3.92	5,130	1.50
Real Estate Taxes	0	0.00	64,140	21.84	(64,140)	(21.84)
<b>Total Operations Expenses</b>	<b>\$ 2,369,825</b>	<b>\$ 772.94</b>	<b>\$ 2,822,193</b>	<b>\$ 960.91</b>	<b>\$ (452,368)</b>	<b>\$ (187.97)</b>

See Accountant's Compilation Report.

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# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Three Months Ended June 30, 2010 and March 31, 2010

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Billing Expense - Net</b>						
Salaries	\$ 368,171	\$ 88.95	\$ 428,725	\$ 106.75	\$ (60,554)	\$ (17.80)
Payroll Taxes	28,457	6.88	39,628	9.87	(11,171)	(2.99)
Employee Health Insurance	68,732	16.61	65,587	16.33	3,145	0.28
Employee Life and Disability Insurance	6,245	1.51	6,404	1.59	(159)	(0.08)
Retirement Plan Expense	8,759	2.12	57,307	14.27	(48,548)	(12.15)
Employee Lodging	1,259	0.30	0	0.00	1,259	0.30
Employee Meals	310	0.07	354	0.09	(44)	(0.02)
Employee Seminars	3,035	0.73	298	0.07	2,737	0.66
Travel	1,621	0.39	302	0.08	1,319	0.31
Office Expense	13,933	3.37	23,204	5.78	(9,271)	(2.41)
Office Repairs and Maintenance	246	0.06	170	0.04	76	0.02
Office Equipment Rental	3,389	0.82	3,053	0.76	336	0.06
Computer Expense	11,190	2.70	11,585	2.88	(395)	(0.18)
Outside Services	(8)	0.00	243	0.06	(251)	(0.06)
Dues and Subscriptions	450	0.11	815	0.20	(365)	(0.09)
Rent	46,463	11.23	39,732	9.89	6,732	1.34
Utilities	1,643	0.40	1,643	0.41	0	(0.01)
Telephone	9,602	2.32	8,577	2.14	1,025	0.18
<b>Total Billing Expense</b>	<b>573,498</b>	<b>138.57</b>	<b>687,626</b>	<b>171.21</b>	<b>(114,128)</b>	<b>(32.64)</b>
Less: Billing Service/Admin. Fee	(147,180)	(35.56)	(159,281)	(39.66)	12,101	4.10
<b>Billing Expense - Net</b>	<b>\$ 426,318</b>	<b>\$ 103.00</b>	<b>\$ 528,345</b>	<b>\$ 131.56</b>	<b>\$ (102,027)</b>	<b>\$ (28.56)</b>
<b>Total Cases - UUC</b>		<b>3,066</b>		<b>2,937</b>		<b>129</b>
<b>Total Cases - USWT</b>		<b>164</b>		<b>156</b>		<b>8</b>
<b>Total Cases - UMT</b>		<b>909</b>		<b>923</b>		<b>(14)</b>
<b>Grand Total Cases - Billing</b>		<b>4,139</b>		<b>4,016</b>		<b>123</b>

See Accountant's Compilation Report.

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# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Three Months Ended June 30, 2010 and March 31, 2010

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Development Expenses</b>						
Salaries	\$ 14,475	\$ 4.72	\$ 43,790	\$ 14.91	\$ (29,314)	\$ (10.19)
Payroll Taxes	1,041	0.34	3,212	1.09	(2,171)	(0.75)
Employee Health and Dental Insurance	3,831	1.25	3,686	1.25	145	0.00
Employee Life and Disability Insurance	482	0.16	482	0.16	0	0.00
Retirement Plan Expense	1,793	0.58	7,919	2.70	(6,126)	(2.12)
Employee Lodging	619	0.20	829	0.28	(210)	(0.08)
Employee Meals	224	0.07	71	0.02	153	0.05
Gas Expense	32	0.01	58	0.02	(26)	(0.01)
Car and Truck Rental Expense	697	0.23	135	0.05	562	0.18
Sales and Marketing	16,779	5.47	2,997	1.02	13,782	4.45
Travel	2,392	0.78	1,241	0.42	1,151	0.36
Office Expense	2,753	0.90	120	0.04	2,633	0.86
Internet Services	1,171	0.38	1,347	0.46	(176)	(0.08)
Telephone	429	0.14	356	0.12	73	0.02
<b>Total Development Expenses</b>	<b>\$ 46,718</b>	<b>\$ 15.24</b>	<b>\$ 66,242</b>	<b>\$ 22.55</b>	<b>\$ (19,525)</b>	<b>\$ (7.31)</b>

See Accountant's Compilation Report.

# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Three Months Ended June 30, 2010 and March 31, 2010

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Administration Expense</b>						
Salaries	\$ 225,273	\$ 73.47	\$ 279,166	\$ 95.05	\$ (53,892)	\$ (21.58)
Payroll Taxes	5,759	1.88	21,664	7.38	(15,905)	(5.50)
Employee Health and Dental Insurance	5,879	1.92	5,137	1.75	742	0.17
Employee Life and Disability Insurance	1,655	0.54	1,655	0.56	0	(0.02)
Retirement Plan Expense	2,477	0.81	28,756	9.79	(26,279)	(8.98)
Employee Lodging	1,149	0.37	237	0.08	912	0.29
Employee Meals	463	0.15	1,783	0.61	(1,320)	(0.46)
Employee Seminars	75	0.02	0	0.00	75	0.02
Gas Expense	11	0.00	0	0.00	11	0.00
Car and Truck Rental Expense	123	0.04	0	0.00	123	0.04
Sales and Marketing	338	0.11	168	0.06	170	0.05
Travel	2,235	0.73	3,537	1.20	(1,302)	(0.47)
Office Expense	7,892	2.57	7,846	2.67	47	(0.10)
Office Equipment Rental	1,375	0.45	1,300	0.44	75	0.01
General Insurance	0	0.00	6,903	2.35	(6,903)	(2.35)
Dues and Subscriptions	160	0.05	15	0.01	145	0.04
Bank Charges	5,517	1.80	1,120	0.38	4,397	1.42
Donations	25	0.01	25	0.01	0	0.00
Rent	12,368	4.03	18,298	6.23	(5,930)	(2.20)
Utilities	770	0.25	770	0.26	0	(0.01)
Telephone	5,213	1.70	1,148	0.39	4,065	1.31
<b>Total Administration Expense</b>	<b>\$ 278,757</b>	<b>\$ 90.92</b>	<b>\$ 379,528</b>	<b>\$ 129.22</b>	<b>\$ (100,771)</b>	<b>\$ (38.30)</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**  
**Schedules of General and Administrative Expenses -**  
**Modified Cash Basis**  
**For the Three Months Ended June 30, 2010 and March 31, 2010**

	Three Months Ended June 30, 2010		Three Months Ended March 31, 2010		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>General and Administrative Expenses</b>						
Data Processing	\$ 21,263	\$ 6.94	\$ 21,939	\$ 7.47	\$ (676)	\$ (0.53)
Human Resources	6,508	2.12	2,278	0.78	4,230	1.34
Employee Health and Dental Insurance	5,094	1.66	4,606	1.57	488	0.09
Employee Lodging	507	0.17	0	0.00	507	0.17
Car and Truck Rental Expense	24,468	7.98	12,369	4.21	12,098	3.77
Customer Relations	7,732	2.52	3,156	1.07	4,576	1.45
Travel	0	0.00	278	0.09	(278)	(0.09)
Office Expense	157	0.05	2,772	0.94	(2,615)	(0.89)
Holiday Party Expense	0	0.00	6,833	2.33	(6,833)	(2.33)
Sales and Marketing	0	0.00	1,668	0.57	(1,668)	(0.57)
General Insurance	13,424	4.38	17,324	5.90	(3,901)	(1.52)
Management Fees	722,700	235.71	693,200	236.02	29,500	(0.31)
Professional Fees	590,698	192.66	551,608	187.81	39,090	4.85
Dues and Subscriptions	5,101	1.66	18,802	6.40	(13,701)	(4.74)
Licenses and Permits	7,247	2.36	9,692	3.30	(2,445)	(0.94)
Use Taxes	229	0.07	2,529	0.86	(2,300)	(0.79)
State Franchise Taxes	3,708	1.21	581	0.20	3,127	1.01
Telephone	813	0.27	357	0.12	456	0.15
<b>Total General and Administrative Expenses</b>	<b>\$ 1,409,648</b>	<b>\$ 459.77</b>	<b>\$ 1,349,993</b>	<b>\$ 459.65</b>	<b>\$ 59,655</b>	<b>\$ 0.12</b>

See Accountant's Compilation Report.

# United Urology Centers, L.L.C.

## Statements of Revenues and Expenses - Modified Cash Basis For the Six Months Ended June 30, 2010 and 2009

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Revenues</b>						
Gross Fees Collected	\$ 26,118,867	\$ 4,350.97	\$ 26,201,903	\$ 4,268.11	\$ (83,036)	\$ 82.86
Less: Fee Refunds Paid	(1,291,296)	(215.11)	(1,578,299)	(257.09)	287,003	41.98
<b>Net Revenues Collected</b>	<b>24,827,571</b>	<b>4,135.86</b>	<b>24,623,604</b>	<b>4,011.01</b>	<b>203,967</b>	<b>124.84</b>
<b>Expenses</b>						
Operations	5,192,019	864.90	5,542,025	902.76	(350,007)	(37.86)
Billing - Net	954,663	117.06	861,976	98.37	92,687	18.69
Development	112,960	18.82	105,636	17.21	7,324	1.61
Administration	658,285	109.66	635,140	103.46	23,145	6.20
General and Administrative Expenses	2,759,641	459.71	1,982,818	322.99	776,823	136.72
Physician Professional Fees	4,403,534	733.56	4,504,361	733.73	(100,827)	(0.17)
<b>Total Expenses</b>	<b>14,081,101</b>	<b>2,303.71</b>	<b>13,631,956</b>	<b>2,178.52</b>	<b>449,145</b>	<b>125.19</b>
<b>Income Before Capital Expenses</b>	<b>10,746,470</b>	<b>1,832.15</b>	<b>10,991,648</b>	<b>1,832.49</b>	<b>(245,177)</b>	<b>(0.35)</b>
<b>Capital Expenses</b>						
Depreciation	567,211	94.49	648,297	105.60	(81,086)	(11.11)
<b>Total Capital Expenses</b>	<b>567,211</b>	<b>94.49</b>	<b>648,297</b>	<b>105.60</b>	<b>(81,086)</b>	<b>(11.11)</b>
<b>Income From Operations</b>	<b>10,179,259</b>	<b>1,737.66</b>	<b>10,343,351</b>	<b>1,726.89</b>	<b>(164,091)</b>	<b>10.76</b>
<b>Other Income (Expense)</b>						
Interest Income	12,494	2.08	39,884	6.50	(27,391)	(4.42)
Capital Equipment Rental Income	600,989	100.11	401,262	65.36	199,727	34.75
Litigation Settlement Expenses	0	0.00	194	0.03	(194)	(0.03)
Loss on Sale of Fixed Assets	(72,283)	(12.04)	0	0.00	(72,283)	(12.04)
<b>Total Other Income (Expense)</b>	<b>541,200</b>	<b>90.15</b>	<b>441,341</b>	<b>71.89</b>	<b>99,859</b>	<b>18.26</b>
<b>Income Before Provision For Income Taxes</b>	<b>10,720,459</b>	<b>1,827.81</b>	<b>10,784,691</b>	<b>1,798.78</b>	<b>(64,233)</b>	<b>29.02</b>
State Income Tax	(224,741)	(37.44)	(347,244)	(56.56)	122,503	19.12
<b>Net Income</b>	<b>\$ 10,495,718</b>	<b>\$ 1,790.37</b>	<b>\$ 10,437,447</b>	<b>\$ 1,742.22</b>	<b>\$ 58,270</b>	<b>\$ 48.14</b>
<b>Total Number of Cases - UUC</b>		<b>6,003</b>		<b>6,139</b>		<b>(136)</b>
<b>Total Number of Cases - Billing Services</b>		<b>8,155</b>		<b>8,763</b>		<b>(608)</b>

See Accountant's Compilation Report.

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**United Urology Centers, L.L.C.**  
**Schedules of Operating Expenses - Modified Cash Basis**  
**For the Six Months Ended June 30, 2010 and 2009**

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Operations Expenses</b>						
Salaries	\$ 1,723,811	\$ 287.16	\$ 1,735,397	\$ 282.68	\$ (11,586)	\$ 4.48
Advocate Salaries and Benefits	4,511	0.75	62,948	10.25	(58,437)	(9.50)
Bonuses	30	0.00	72,275	11.77	(72,245)	(11.77)
Payroll Taxes	143,517	23.91	146,499	23.86	(2,982)	0.05
Employee Health Insurance	253,404	42.21	207,335	33.77	46,070	8.44
Employee Life and Disability Insurance	24,413	4.07	28,199	4.59	(3,785)	(0.52)
Workers' Compensation Insurance	417	0.07	244	0.04	172	0.03
Retirement Plan Expense	154,999	25.82	310,549	50.59	(155,549)	(24.77)
Employee Lodging	17,697	2.95	17,230	2.81	467	0.14
Employee Meals	6,463	1.08	6,746	1.10	(283)	(0.02)
Employee Seminars	1,616	0.27	629	0.10	987	0.17
Medical Supplies	316,949	52.80	305,436	49.75	11,513	3.05
Medical Supplies - TUNA Probes	0	0.00	3,825	0.62	(3,825)	(0.62)
Medical Supplies - TUMT Probes	49,309	8.21	18,996	3.09	30,312	5.12
Hazardous Waste Removal	1,094	0.18	2,632	0.43	(1,538)	(0.25)
Medical Equipment Maintenance	18,864	3.14	42,774	6.97	(23,910)	(3.83)
Lithotripter Maintenance	515,374	85.85	921,200	150.06	(405,825)	(64.21)
Greenlight Maintenance Expense	105,495	17.57	28,473	4.64	77,022	12.93
Stonelight Maintenance Expense	0	0.00	10,402	1.69	(10,402)	(1.69)
Machine Electrodes	337,349	56.20	305,653	49.79	31,695	6.41
Mobile Location Site Fees	1,016,467	169.33	917,622	149.47	98,845	19.86
Truck Maintenance	67,453	11.24	44,357	7.23	23,095	4.01
Truck Garage Rental	10,639	1.77	8,967	1.46	1,672	0.31
Gas Expense	72,729	12.12	56,881	9.27	15,849	2.85
Car and Truck Rental Expense	1,679	0.28	0	0.00	1,679	0.28
Travel	20,022	3.34	29,825	4.86	(9,803)	(1.52)
Office Expense	41,547	6.92	42,938	6.99	(1,391)	(0.07)
Office Repairs and Maintenance	15,895	2.65	12,656	2.06	3,239	0.59
Office Equipment Rental	4,754	0.79	3,789	0.62	965	0.17
Outside Services	22,621	3.77	9,896	1.61	12,725	2.16
Dues and Subscriptions	5,555	0.93	6,122	1.00	(567)	(0.07)
Licenses and Permits	596	0.10	1,020	0.17	(424)	(0.07)
Rent	129,542	21.58	109,878	17.90	19,664	3.68
Utilities	14,937	2.49	14,633	2.38	304	0.11
Telephone	28,131	4.69	28,779	4.69	(648)	0.00
Real Estate Taxes	64,140	10.68	27,223	4.43	36,917	6.25
<b>Total Operations Expenses</b>	<b>\$ 5,192,019</b>	<b>\$ 864.90</b>	<b>\$ 5,542,025</b>	<b>\$ 902.76</b>	<b>\$ (350,007)</b>	<b>\$ (37.86)</b>

See Accountant's Compilation Report.

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# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Six Months Ended June 30, 2010 and 2009

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Billing Expense - Net</b>						
Salaries	\$ 796,896	\$ 97.72	\$ 840,319	\$ 95.89	\$ (43,422)	\$ 1.83
Payroll Taxes	68,084	8.35	72,307	8.25	(4,223)	0.10
Employee Health Insurance	134,319	16.47	134,374	15.33	(55)	1.14
Employee Life and Disability Insurance	12,649	1.55	13,391	1.53	(742)	0.02
Retirement Plan Expense	66,066	8.10	70,524	8.05	(4,458)	0.05
Employee Lodging	1,259	0.15	2,090	0.24	(831)	(0.09)
Employee Meals	664	0.08	1,393	0.16	(729)	(0.08)
Employee Seminars	3,333	0.41	2,000	0.23	1,333	0.18
Car and Truck Rental Expense	0	0.00	82	0.01	(82)	(0.01)
Travel	1,922	0.24	1,580	0.18	343	0.06
Office Expense	37,137	4.55	39,923	4.56	(2,786)	(0.01)
Office Repairs and Maintenance	416	0.05	212	0.02	205	0.03
Office Equipment Rental	6,442	0.79	5,067	0.58	1,375	0.21
Computer Expense	22,776	2.79	18,998	2.17	3,778	0.62
Outside Services	235	0.03	7,650	0.87	(7,415)	(0.84)
Dues and Subscriptions	1,265	0.16	440	0.05	825	0.11
Rent	86,195	10.57	78,830	9.00	7,365	1.57
Utilities	3,287	0.40	3,287	0.38	0	0.02
Telephone	18,179	2.23	17,624	2.01	555	0.22
<b>Total Billing Expense</b>	<b>1,261,124</b>	<b>154.64</b>	<b>1,310,091</b>	<b>149.51</b>	<b>(48,967)</b>	<b>5.13</b>
Less: Billing Service/Admin. Fee	(306,461)	(37.58)	(448,115)	(51.14)	141,654	13.56
<b>Billing Expense - Net</b>	<b>\$ 954,663</b>	<b>\$ 117.06</b>	<b>\$ 861,976</b>	<b>\$ 98.37</b>	<b>\$ 92,687</b>	<b>\$ 18.69</b>
<b>Total Cases - UUC</b>		<b>6,003</b>		<b>6,139</b>		<b>(136)</b>
<b>Total Cases - USWT</b>		<b>320</b>		<b>637</b>		<b>(317)</b>
<b>Total Cases - UMT</b>		<b>1,832</b>		<b>1,987</b>		<b>(155)</b>
<b>Grand Total Cases - Billing</b>		<b>8,155</b>		<b>8,763</b>		<b>(608)</b>

See Accountant's Compilation Report.

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# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Six Months Ended June 30, 2010 and 2009

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Development Expenses</b>						
Salaries	\$ 58,265	\$ 9.71	\$ 45,096	\$ 7.35	\$ 13,169	\$ 2.36
Payroll Taxes	4,253	0.71	5,059	0.82	(806)	(0.11)
Employee Health and Dental Insurance	7,517	1.25	4,225	0.69	3,291	0.56
Employee Life and Disability Insurance	964	0.16	1,358	0.22	(395)	(0.06)
Retirement Plan Expense	9,712	1.62	12,701	2.07	(2,989)	(0.45)
Employee Lodging	1,449	0.24	547	0.09	902	0.15
Employee Meals	295	0.05	147	0.02	148	0.03
Gas Expense	91	0.02	15	0.00	76	0.02
Car and Truck Rental Expense	832	0.14	67	0.01	765	0.13
Sales and Marketing	19,775	3.29	6,389	1.04	13,387	2.25
Trade Shows	0	0.00	4,904	0.80	(4,904)	(0.80)
Travel	3,633	0.61	6,462	1.05	(2,829)	(0.44)
Office Expense	2,872	0.48	2,524	0.41	348	0.07
Internet Services	2,519	0.42	1,819	0.30	699	0.12
Commissions	0	0.00	13,299	2.17	(13,299)	(2.17)
Telephone	785	0.13	1,023	0.17	(238)	(0.04)
<b>Total Development Expenses</b>	<b>\$ 112,960</b>	<b>\$ 18.82</b>	<b>\$ 105,636</b>	<b>\$ 17.21</b>	<b>\$ 7,324</b>	<b>\$ 1.61</b>

See Accountant's Compilation Report.

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# United Urology Centers, L.L.C.

## Schedules of Operating Expenses - Modified Cash Basis - Continued For the Six Months Ended June 30, 2010 and 2009

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>Administration Expense</b>						
Salaries	\$ 504,439	\$ 84.03	\$ 483,834	\$ 78.81	\$ 20,605	\$ 5.22
Payroll Taxes	27,423	4.57	26,898	4.38	525	0.19
Employee Health and Dental Insurance	11,016	1.84	16,967	2.76	(5,952)	(0.92)
Employee Life and Disability Insurance	3,310	0.55	3,355	0.55	(45)	0.00
Retirement Plan Expense	31,233	5.20	26,822	4.37	4,411	0.83
Employee Lodging	1,386	0.23	3,389	0.55	(2,003)	(0.32)
Employee Meals	2,246	0.37	801	0.13	1,445	0.24
Employee Seminars	75	0.01	115	0.02	(40)	(0.01)
Gas Expense	11	0.00	0	0.00	11	0.00
Car and Truck Rental Expense	123	0.02	329	0.05	(206)	(0.03)
Sales and Marketing	507	0.08	488	0.08	19	0.00
Travel	5,773	0.96	8,599	1.40	(2,826)	(0.44)
Office Expense	15,738	2.62	9,888	1.61	5,850	1.01
Office Repairs and Maintenance	0	0.00	128	0.02	(128)	(0.02)
Office Equipment Rental	2,675	0.45	2,120	0.35	555	0.10
General Insurance	6,903	1.15	1,672	0.27	5,231	0.88
Dues and Subscriptions	175	0.03	1,055	0.17	(880)	(0.14)
Bank Charges	6,637	1.11	8,754	1.43	(2,117)	(0.32)
Donations	50	0.01	400	0.07	(350)	(0.06)
Rent	30,665	5.11	36,317	5.92	(5,652)	(0.81)
Utilities	1,540	0.26	1,540	0.25	0	0.01
Telephone	6,360	1.06	1,669	0.27	4,691	0.79
<b>Total Administration Expense</b>	<b>\$ 658,285</b>	<b>\$ 109.66</b>	<b>\$ 635,140</b>	<b>\$ 103.46</b>	<b>\$ 23,145</b>	<b>\$ 6.20</b>

See Accountant's Compilation Report.



**United Urology Centers, L.L.C.**  
**Schedules of General and Administrative Expenses -**  
**Modified Cash Basis**  
**For the Six Months Ended June 30, 2010 and 2009**

	Six Months Ended June 30, 2010		Six Months Ended June 30, 2009		Variance	
	Amount	Amount Per Case	Amount	Amount Per Case	Amount	Amount Per Case
<b>General and Administrative Expenses</b>						
Data Processing	\$ 43,202	\$ 7.20	\$ 26,305	\$ 4.28	\$ 16,896	\$ 2.92
Human Resources	8,786	1.46	10,863	1.77	(2,077)	(0.31)
Employee Health and Dental Insurance	9,700	1.62	12,323	2.01	(2,623)	(0.39)
Employee Lodging	507	0.08	423	0.07	85	0.01
Employee Meals	0	0.00	1,172	0.19	(1,172)	(0.19)
Car and Truck Rental Expense	36,837	6.14	27,378	4.46	9,459	1.68
Customer Relations	10,888	1.81	1,696	0.28	9,192	1.53
Travel	278	0.05	3,749	0.61	(3,471)	(0.56)
Office Expense	2,929	0.49	327	0.05	2,601	0.44
Holiday Party Expense	6,833	1.14	7,569	1.23	(736)	(0.09)
Sales and Marketing	1,668	0.28	0	0.00	1,668	0.28
General Insurance	30,748	5.12	20,521	3.34	10,227	1.78
Management Fees	1,415,900	235.87	1,537,400	250.43	(121,500)	(14.56)
Professional Fees	1,142,306	190.29	290,177	47.27	852,129	143.02
Dues and Subscriptions	23,904	3.98	29,821	4.86	(5,917)	(0.88)
Licenses and Permits	16,939	2.82	10,910	1.78	6,030	1.04
Use Taxes	2,758	0.46	678	0.11	2,080	0.35
State Franchise Taxes	4,289	0.71	789	0.13	3,500	0.58
Telephone	1,170	0.19	718	0.12	452	0.07
<b>Total General and Administrative Expenses</b>	<b>\$ 2,759,641</b>	<b>\$ 459.71</b>	<b>\$ 1,982,818</b>	<b>\$ 322.99</b>	<b>\$ 776,823</b>	<b>\$ 136.72</b>

See Accountant's Compilation Report.

**United Urology Centers, L.L.C.**

**Financial Statements  
and Auditor's Report**

**December 31, 2009**

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**United Urology Centers, L.L.C.**  
**December 31, 2009**

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To the Members  
United Urology Centers, L.L.C.

### **Independent Auditor's Report**

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We have audited the accompanying statement of assets, liabilities and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2009, and the related statements of revenues and expenses and cash flows - modified cash basis for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note (1), these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2009, and its revenues, expenses and cash flows - modified cash basis for the year then ended, on the basis of accounting described in Note (1).

*Frost, Rittenberg & Rothblatt, P.C.*

May 6, 2010

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*Frost,  
Rittenberg &  
Rothblatt, P.C.*

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**Financial Statements**

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2009**

**Assets**

**Current Assets**

Cash and Cash Equivalents	\$ 17,290,289
Other Current Assets	33,838
<b>Total Current Assets</b>	<b>17,324,127</b>

**Property and Equipment**

Furniture and Fixtures	430,932
Computers	745,189
Medical Equipment	11,334,623
Office Equipment	89,561
Mobile Trucks	1,174,058
Leasehold Improvements	1,075,643
Deposit on Equipment	284,375
<b>Total</b>	<b>15,134,381</b>
Less: Accumulated Depreciation	(10,413,610)
<b>Net Property and Equipment</b>	<b>4,720,771</b>

**Other Assets**

Goodwill	4,567,088
Other Assets	81,882
<b>Total Other Assets</b>	<b>4,648,970</b>
<b>Total Assets</b>	<b>\$ 26,693,868</b>

The accompanying Notes are an integral part of the Financial Statements.

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2009**

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**Liabilities and Members' Equity**

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**Current Liabilities**

Due to Members	\$ 10,492,371
<b>Total Current Liabilities</b>	<b>10,492,371</b>

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**Members' Equity**

Balance - Beginning	15,911,750
Net Income	23,347,381
Member Contributions	1,641,000
Member Withdrawals	(605,607)
Member Distributions	(24,093,027)
<b>Total Members' Equity</b>	<b>16,201,497</b>
<b>Total Liabilities and Members' Equity</b>	<b>\$ 26,693,868</b>

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The accompanying Notes are an integral part of the Financial Statements.

**United Urology Centers, L.L.C.**  
**Statement of Revenues and Expenses - Modified Cash Basis**  
**For the Year Ended December 31, 2009**

<b>Revenues</b>	
Gross Fees Collected	\$ 53,324,439
Less: Fee Refunds Paid	(3,150,539)
<b>Net Revenues Collected</b>	<b>50,173,900</b>
<b>Expenses</b>	
Operations	9,967,847
Billing - Net	1,738,963
Development	181,329
Administration	1,224,302
General and Administrative Expenses	4,236,985
Physician Professional Fees	9,131,155
<b>Total Expenses</b>	<b>26,480,581</b>
<b>Income Before Capital Expenses</b>	<b>23,693,319</b>
<b>Capital Expenses</b>	
Depreciation	1,228,288
<b>Total Capital Expenses</b>	<b>1,228,288</b>
<b>Income From Operations</b>	<b>22,465,031</b>
<b>Other Income</b>	
Interest Income	51,528
Capital Equipment Rental Income	940,827
Miscellaneous Income	91,510
<b>Total Other Income</b>	<b>1,083,865</b>
<b>Income Before Provision For Income Taxes</b>	<b>23,548,895</b>
State Income Tax	(201,514)
<b>Net Income - Modified Cash Basis</b>	<b>\$ 23,347,381</b>

The accompanying Notes are an integral part of the Financial Statements.



**United Urology Centers, L.L.C.**  
**Statement of Cash Flows - Modified Cash Basis**  
**For the Year Ended December 31, 2009**

<b>Cash Flows From Operating Activities</b>	
<b>Net Income - Modified Cash Basis</b>	<b>\$ 23,347,381</b>
<b>Adjustments to Reconcile Net Income - Modified Cash Basis to Net Cash Provided By (Used In) Operating Activities</b>	
Depreciation	1,228,288
Loss on Disposition of Fixed Assets	1,309
Income from Unconsolidated Affiliate	(7,842)
(Increase) Decrease in Assets	
Prepaid Expenses and Other Current Assets	(32,638)
Other Assets	(65,655)
<b>Total Adjustments</b>	<b>1,123,462</b>
<b>Net Cash Provided By (Used In) Operating Activities</b>	<b>24,470,843</b>
<b>Cash Flows From Investing Activities</b>	
Distributions from Unconsolidated Affiliate	5,697
Payments for Acquisition of Property and Equipment	(148,355)
<b>Net Cash Provided By (Used In) Investing Activities</b>	<b>(142,658)</b>
<b>Cash Flows From Financing Activities</b>	
Proceeds from Member Contributions	1,641,000
Payments for Member Withdrawals	(605,607)
Payments on Members' Distributions	(24,410,309)
<b>Net Cash Provided By (Used In) Financing Activities</b>	<b>(23,374,916)</b>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	<b>953,269</b>
Cash and Cash Equivalents - Beginning	16,337,020
<b>Cash and Cash Equivalents - Ending</b>	<b>\$ 17,290,289</b>
<b>Cash Paid for Taxes</b>	<b>\$ 608,909</b>

The accompanying Notes are an integral part of the Financial Statements.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (1) Summary of Significant Accounting Policies**

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**A. Business**

United Urology Centers, L.L.C. (the "Company") is a Delaware Limited Liability Company in the field of urologic medicine, providing medical equipment and related services for non-invasive or minimally-invasive treatment therapies for patients with kidney stones. The Company has five fixed sites, four in Illinois and one in Indiana, along with numerous mobile sites from which it operates. The mobile units consist of a number of medically equipped vehicles that travel to various sites throughout the United States.

**B. Accounting Standards Codification**

In June 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards No. 168, "The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles - a replacement of FASB Statement No. 162". This standard establishes the FASB Standards Accounting Codification ("Codification") as the source of authoritative accounting principles generally accepted in the United States of America ("U.S. GAAP") recognized by the FASB to be applied to nongovernmental entities. The Codification supersedes all of the existing accounting and reporting standards, but is not intended to change or alter existing U.S. GAAP. The Codification changes the references of financial standards within the Company's financial statements. All references made to U.S. GAAP uses the new Accounting Standards Codification ("ASC") and the Codification numbering system prescribed by the FASB. For ease of transition, the former references of referring to the specific accounting principles will be shown parenthetically.

**C. Basis of Presentation**

The accompanying financial statements have been prepared on the modified cash basis of accounting. That basis differs from accounting principles generally accepted in the United States of America primarily because the Company has not recognized balances, and the related effects on earnings of accounts receivable from patients and third-party agencies and of accounts payable to vendors.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (1) Summary of Significant Accounting Policies - Continued**

---

**D. Form of Organization**

The Company is a Limited Liability Company (LLC), which is governed by an Operating Agreement (Agreement). The more significant provisions of the Agreement include:

Profit and loss allocations are in accordance with ownership percentages,

There are four dilutive classes of members, Classes A, C, D, and E, and one non-dilutive class of members, Class B,

Cash distributions are in accordance with ownership percentages for Class A, B, C, D and E members,

Member contributions and withdrawals are made in accordance with a buy-sell agreement, in an amount determined by the managers, and

The Company is managed by two of its Class B members who have a 15%, non-dilutive ownership interest.

**E. Fair Value Measurements**

Effective January 1, 2009, the Company completed its adoption of the fair value measurements and disclosures topic (formerly, FAS No. 157, "Fair Value Measurements"). This topic defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. It does not require any new fair value measurements, but may require some entities to change their measurement practices.

**F. Property and Equipment**

Property and equipment are recorded at cost. Depreciation is provided on the straight-line method over the following estimated useful lives:

	<b>Years</b>
Furniture and Fixtures	5-15
Computers	3-5
Medical Equipment	3-7
Office Equipment	5-15
Mobile Trucks	5-7
Leasehold Improvements	7-10

Amortization of leasehold improvements is computed using the straight-line method over the lesser of the useful lives of the assets or the lease term.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (1) Summary of Significant Accounting Policies - Continued**

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**F. Property and Equipment - continued**

The Company reviews the recoverability of long-lived assets when circumstances indicate that the carrying amount may not be recoverable (formerly, SAS No. 144, "Accounting for Impairment or Disposal of Long-Lived Assets"). The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair market value. There were no impairment indicators during the year ended December 31, 2009.

**G. Cash Equivalents**

The Company considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

**H. Income Taxes**

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for state income taxes.

The Company's adoption of the Income Tax topic (formerly, FASB Interpretation No. 48, "Accounting for Uncertainty in Income Taxes - An Interpretation of FASB Statement No. 109") on January 1, 2009 had no effect on its financial position as management believes the Company has no material unrecognized income tax benefits. The Company accounts for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense in the period paid. The Company is no longer subject to examination by tax authorities for federal, state or local income taxes for periods before 2006.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (1) Summary of Significant Accounting Policies - Continued**

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**I. Goodwill**

Goodwill relates to the excess of cost over the fair market value of assets purchased in a business acquisition.

The Company reviews the recoverability of goodwill annually by comparing the carrying value to the fair value (formerly FASB No. 142, "Goodwill and Other Intangible Assets"). Fair value is based on discounted future cash flows. The Company records impairment when the carrying value exceeds fair market value. There were no impairment charges for the year ended December 31, 2009 (See Note (3)).

**J. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

**K. Cash Balances in Excess of Insured Amounts**

The Company maintains its cash and cash equivalents in accounts which typically exceed insured limits. The Company has not experienced any losses due to these limits.

**L. Advertising Costs**

Advertising costs are expensed as incurred and are immaterial for the year ended December 31, 2009.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (2) Revenue Recognition**

---

Revenue is recognized for patient services as payments are received. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the Company for private pay patients. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

Approximately 30% of the Company's revenues are through contracts with one payor.

**Note (3) Fair Value Measurements**

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The fair value measurements and disclosures topic defines fair value 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. It describes three approaches to measuring the fair value of assets and liabilities: 1) the market approach, 2) the income approach and 3) the cost approach. Each of these approaches includes multiple valuation techniques. It does not prescribe which valuation technique should be used when measuring fair value, but does establish a fair value hierarchy that prioritizes the inputs used in applying the various techniques. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk. Level 1 inputs are given the highest priority in the hierarchy while Level 3 inputs are given the lowest priority. Assets and liabilities carried at fair value are classified in one of the following three categories based upon the nature of the inputs to the valuation technique used:

Level 1 - Observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs that are not corroborated by market data. These inputs reflect management's best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (3) Fair Value Measurements - Continued**

The following table sets forth, by level within the fair value hierarchy, the Company's assets that were accounted for at fair value on a recurring basis as of December 31, 2009. As required by the fair value measurements and disclosures topic, this asset is classified in its entirety based on the lowest level input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect their placement within the fair value hierarchy levels.

**Fair Value Measurements Using**

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total Gains (Losses)
Goodwill	\$ 0	\$ 0	\$ 4,567,088	\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 4,567,088</b>	<b>\$ 0</b>

**Note (4) Related Party Transactions**

During the year ended December 31, 2009, the Company received \$794,355 from related entities for billing and administrative services provided in the normal course of business. Billing and administrative services are received based on a standard rate per case. The Company purchased services from a related party for the refurbishment of certain operating components of equipment. Expenses related to services performed represent less than one percent of operating costs for the year ended December 31, 2009. In addition, the Company paid \$21,518 and received \$216,915 from related parties for reimbursement of payroll expenses for the year ended December 31, 2009.

The Company has a management agreement with a related party. Under the terms of the agreement, the Company is responsible for monthly fees based on a percentage of net revenues. Management fees paid to that related party were \$3,095,500 for the year ended December 31, 2009.

The Company leases equipment to related parties on a per case, monthly basis. Lease income received totaled \$940,827 for the year ended December 31, 2009.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (5) Investment in Tissue Regeneration Technologies, LLC**

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In 2005, the Company received 1,000,000 Class A member interests in Tissue Regeneration Technologies, LLC (TRT), a limited liability company organized to obtain FDA approvals of new technologies in the treatment of certain medical conditions including wound care and orthopaedics. In exchange for the interests, the Company and a related party have entered into exclusivity and non-compete agreements with TRT as its service provider for shockwave technology and systems through December 31, 2010. At the time of the initial investment, TRT was in its preliminary stages of operations and as such, no value was attributed to the interests by the Company. This investment has been accounted for using the cost method.

**Note (6) Business Combination**

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Effective September 1, 2006, the Company entered into management and contribution agreements with Southwest Mobile Therapies, LLC (SWT). Under the terms of the agreements, the Company is providing management, billing and other administrative services to SWT until December 31, 2010, at which point a calculation of the relative values of each company, as defined in the agreement, will be performed. Subject to certain conditions, effective June 30, 2012, the assets of SWT, subject to its liabilities, will be contributed to the Company in exchange for Class A member interests in the Company. The number of interests to be issued is based on the calculated relative values of each Company. In accordance with the Business Combinations topic (formerly FAS No. 141(R), "Business Combinations (as Amended)"), the combination is to be accounted for using the purchase method as of June 30, 2012, the date upon which control over the assets and liabilities of SWT is assumed by the Company.



# United Urology Centers, L.L.C.

## Notes to Financial Statements

### December 31, 2009

#### Note (7) Leases

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The Company leases operating, office and storage space from various unrelated parties. The agreements have varying terms maturing in 2011. On January 1, 2007, the Company entered into an agreement to sublease one of the office spaces through December 31, 2011. Under the terms of the sublease agreement, the sublessee is obligated to the Company for the rent due under the original lease, which was initially a minimum monthly base rent of \$8,609. Total rent expense paid during 2009 under these agreements, net of sublease payments, was \$358,162. Future minimum lease payments under the various agreements are as follows:

2010	\$	375,973
2011		245,708
<b>Total</b>	<b>\$</b>	<b>621,681</b>

Effective January 1, 2002, the Company entered into a lease agreement for one of its facilities with a related party (Building, L.L.C.). Under the terms of the lease, which expires December 31, 2011, the Company is liable for an initial minimum monthly base rent of \$5,641, plus real estate taxes and insurance. Rent expense paid to the related party under this agreement was \$95,852 for the year ended December 31, 2009. The monthly base rent is increased 6% on an annual basis throughout the term of the lease. The future minimum annual lease payments are as follows:

2010	\$	110,012
2011		116,608
<b>Total</b>	<b>\$</b>	<b>226,620</b>

#### Note (8) Contingencies

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The Company is the subject of various claims made in the ordinary course of business. Management believes that the ultimate outcomes of these matters will not have a material effect on the Company's financial statements.

During 2008, the Company was served with a subpoena from the Office of the Inspector General (OIG). Pursuant to the subpoena, the Company had been providing various documents to the OIG. Subsequent to year-end, the Company entered negotiations with the OIG for a settlement payable by both the Company and a related party. Management estimates that the Company's portion of the settlement obligation will be approximately \$4 million. As of the date of this report, the settlement terms have not yet been finalized.

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2009**

**Note (9) Employee Benefit Plans**

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The Company adopted a 401(k) profit sharing plan during 2002. The Plan is available to substantially all Company employees and permits them to defer a portion of their salary as contributions to the Plan. On an annual basis, the Company contributes an amount equal to 10% of each eligible employee's gross wages during the previous year. Company contributions to the 401(k) profit sharing plan during the year ended December 31, 2009 were \$492,306.

**Note (10) Subsequent Events**

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The Company has adopted the subsequent events topic (formerly, FAS No. 165, "Subsequent Events"). This topic establishes principles and requirements for identifying, recognizing and disclosing subsequent events. It also requires that an entity identify the type of subsequent event as either recognized or unrecognized, and disclose the date through which the entity has evaluated subsequent events. The Company evaluated all significant events or transactions that occurred through May 6, 2010, the issuance date of these financial statements. Other than the following, during this period, we did not have any material recognizable subsequent events.

On January 1, 2010, a \$244,375 deposit on equipment with TRT (See Note (5)) was converted into a promissory note. The note is payable in full by TRT with interest at 6.5% on December 31, 2011.

**United Urology Centers, L.L.C.**

**Financial Statements  
and Auditor's Report**

**December 31, 2008**

**United Urology Centers, L.L.C.**  
**December 31, 2008**

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*Focus. Dedication. Relationships.*  
CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

To the Members  
United Urology Centers, L.L.C.  
1111 E. Touhy Avenue, Suite 240  
Des Plaines, IL 60018

### **Independent Auditor's Report**

---

We have audited the accompanying statement of assets, liabilities and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2008, and the related statements of revenues and expenses and cash flows - modified cash basis for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note (1), these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2008, and its revenues, expenses and cash flows - modified cash basis for the year then ended, on the basis of accounting described in Note (1).

*Frost, Rittenberg & Rothblatt, P.C.*

June 23, 2009

- 1 -

*Frost,  
Rittenberg &  
Rothblatt, P.C.*

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ATTACHMENT

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**Financial Statements**

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2008**

**Assets**

**Current Assets**

Cash and Cash Equivalents	\$ 16,337,020
Miscellaneous Receivables	1,198
<b>Total Current Assets</b>	<b>16,338,218</b>

**Property and Equipment**

Furniture and Fixtures	425,297
Computers	740,840
Medical Equipment	12,318,450
Office Equipment	89,561
Mobile Trucks	1,158,181
Leasehold Improvements	1,072,143
Deposit on Equipment	284,375
<b>Total</b>	<b>16,088,847</b>
Less: Accumulated Depreciation	(10,286,833)
<b>Net Property and Equipment</b>	<b>5,802,014</b>

**Other Assets**

Investment in Kidneystone Real Estate	14,083
Goodwill	4,567,088
<b>Total Other Assets</b>	<b>4,581,171</b>
<b>Total Assets</b>	<b>\$ 26,721,403</b>

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2008**

<b>Liabilities and Members' Equity</b>	
<b>Current Liabilities</b>	
Due to Members	\$ 10,809,653
<b>Total Current Liabilities</b>	<b>10,809,653</b>
<b>Members' Equity</b>	
Balance - Beginning	16,933,664
Net Income	22,902,163
Member Contributions	380,000
Member Withdrawals	(675,180)
Member Distributions	(23,628,898)
<b>Total Members' Equity</b>	<b>15,911,750</b>
<b>Total Liabilities and Members' Equity</b>	<b>\$ 26,721,403</b>

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS



**United Urology Centers, L.L.C.**  
**Statement of Revenues and Expenses - Modified Cash Basis**  
**For the Year Ended December 31, 2008**

<b>Revenues</b>	
Gross Fees Collected	\$ 55,555,167
Less: Fee Refunds Paid	(4,278,955)
<b>Net Revenues Collected</b>	<b>51,276,212</b>
<b>Expenses</b>	
Operations	9,518,045
Billing - Net	1,791,108
Development	389,464
Administration	1,696,343
General and Administrative Expenses	5,655,021
Physician Professional Fees	9,147,366
<b>Total Expenses</b>	<b>28,197,347</b>
<b>Income Before Capital Expenses</b>	<b>23,078,865</b>
<b>Capital Expenses</b>	
Depreciation	1,308,057
<b>Total Capital Expenses</b>	<b>1,308,057</b>
<b>Income From Operations</b>	<b>21,770,808</b>
<b>Other Income (Expense)</b>	
Interest Income	322,773
Capital Equipment Rental Income	935,797
Miscellaneous Income	13,951
<b>Total Other Income (Expense)</b>	<b>1,272,521</b>
<b>Income Before Provision For Income Taxes</b>	<b>23,043,329</b>
State Income Tax	(141,166)
<b>Net Income</b>	<b>\$ 22,902,163</b>

The accompanying Notes are an integral part of the Financial Statements.

*Frost, Ruttenberg & Rothblatt, P.C.*  
 CERTIFIED PUBLIC ACCOUNTANTS

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**United Urology Centers, L.L.C.**  
**Statement of Cash Flows - Modified Cash Basis**  
**For the Year Ended December 31, 2008**

<b>Cash Flows From Operating Activities</b>	
<b>Net Income</b>	<b>\$ 22,902,163</b>
<b>Adjustments to Reconcile Net Income to Net Cash Provided By (Used In) Operating Activities</b>	
Depreciation	1,308,057
Income from Unconsolidated Affiliate	(7,451)
(Increase) Decrease in Assets	
Prepaid Expenses and Other Current Assets	1,638
Increase (Decrease) in Liabilities	
Accrued Expenses and Other Current Liabilities	(67,230)
<b>Total Adjustments</b>	<b>1,235,014</b>
<b>Net Cash Provided By (Used In) Operating Activities</b>	<b>24,137,177</b>
<b>Cash Flows From Investing Activities</b>	
Proceeds from Sale of Investments	8,810,000
Proceeds from (Payments on) Related Party Receivables - Net	(31,358)
Distributions from Unconsolidated Affiliate	5,697
Payments for Acquisition of Property and Equipment	(1,077,441)
<b>Net Cash Provided By (Used In) Investing Activities</b>	<b>7,706,898</b>
<b>Cash Flows From Financing Activities</b>	
Proceeds from Member Contributions	380,000
Payments for Member Withdrawals	(675,180)
Payments on Members' Distributions	(22,813,093)
<b>Net Cash Provided By (Used In) Financing Activities</b>	<b>(23,108,273)</b>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	<b>8,735,802</b>
Cash and Cash Equivalents - Beginning	7,601,218
<b>Cash and Cash Equivalents - Ending</b>	<b>\$ 16,337,020</b>
<b>Cash Paid for Interest</b>	<b>\$ 0</b>
<b>Cash Paid for Taxes</b>	<b>\$ 141,166</b>

The accompanying Notes are an integral part of the Financial Statements.

*Frost, Ruttenberg & Rothblatt, P.C.*  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (1) Summary of Significant Accounting Policies**

---

**A. Business**

United Urology Centers, L.L.C. (the "Company") is a Delaware Limited Liability Company in the field of urologic medicine, providing medical equipment and related services for non-invasive or minimally-invasive treatment therapies for patients with kidney stones. The Company has five fixed sites, four in Illinois and one in Indiana, along with numerous mobile sites from which it operates. The mobile units consist of a number of medically equipped vehicles that travel to various sites throughout the United States.

**B. Basis of Presentation**

The accompanying financial statements have been prepared on the modified cash basis of accounting. That basis differs from accounting principles generally accepted in the United States of America primarily because the Company has not recognized balances, and the related effects on earnings of accounts receivable from patients and third-party agencies and of accounts payable to vendors.

**C. Form of Organization**

The Company is a Limited Liability Company (LLC), which is governed by an Operating Agreement (Agreement). The more significant provisions of the Agreement include:

Profit and loss allocations are in accordance with ownership percentages,

There are four dilutive classes of members, Classes A, C, D, and E, and one non-dilutive class of members, Class B,

Cash distributions are in accordance with ownership percentages for Class A, B, C, D and E members,

Member contributions and withdrawals are made in accordance with a buy-sell agreement, in an amount determined by the managers, and

The Company is managed by two of its Class B members who have a 15%, non-dilutive ownership interest.

**Frost, Ruttenberg & Rothblatt, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (1) Summary of Significant Accounting Policies - Continued**

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**D. Asset Impairment**

The Company reviews the recoverability of long-lived tangible and intangible assets in accordance with SFAS No. 144. This statement requires review of assets when circumstances indicate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds the fair value less costs to sell the asset. There were no impairment charges for the year ended December 31, 2008.

**E. Property and Equipment**

Property and equipment are recorded at cost. Depreciation is provided on the straight-line method over the following estimated useful lives:

	<b>Years</b>
Furniture and Fixtures	5-15
Computers	3-5
Medical Equipment	3-7
Office Equipment	5-15
Mobile Trucks	5-7
Leasehold Improvements	7-10

Amortization of leasehold improvements is computed using the straight-line method over the lesser of the useful lives of the assets or the lease term.

**F. Cash Equivalents**

The Company considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

*Frost, Ruttenberg & Rothblatt, P.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (1) Summary of Significant Accounting Policies - Continued**

---

**G. Income Taxes**

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for state income taxes.

The Company evaluates uncertain tax positions at least annually, and applies the provisions of Statement of Financial Accounting Standards (SFAS) No. 5, "Accounting for Contingencies" ("SFAS 5") to determine whether the recording of a liability or additional financial statement note disclosure is necessary.

**H. Goodwill**

Goodwill relates to the excess of cost over the fair market value of assets purchased in a business acquisition. In accordance with Statement of Financial Accounting Standards No 142 - "Goodwill and Other Intangible Assets", Goodwill must be tested annually for impairment. Goodwill as of December 31, 2008 was not considered impaired.

**I. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

**J. Cash Balances in Excess of Insured Amounts**

The Company maintains its cash and cash equivalents in accounts which typically exceed insured limits. The Company has not experienced any losses due to these limits.

**K. Advertising Costs**

Advertising costs are expensed as incurred and are immaterial for the year ended December 31, 2008.

*Frost, Ruttenberg & Rothblatt, P.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (2) Revenue Recognition**

---

Revenue is recognized for patient services as payments are received. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the Company for private pay patients. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

Approximately 26% of the Company's revenues are through contracts with one payor.

**Note (3) Related Party Transactions**

---

During the year ended December 31, 2008, the Company received approximately \$712,227 from related entities for billing and administrative services provided in the normal course of business. Billing and administrative services are received based on a standard rate per case. The Company purchased services from a related party for the refurbishment of certain operating components of equipment. Expenses related to services performed represent less than one percent of operating costs for the year ended December 31, 2008. In addition, the Company paid \$42,586 and received \$211,470 from related parties for reimbursement of payroll expenses for the year ended December 31, 2008.

The Company has a management agreement with a related party. Under the terms of the agreement, the Company is responsible for monthly fees based on a percentage of net revenues. Management fees paid to that related party were \$3,074,900 for the year ended December 31, 2008.

The Company leases equipment to related parties on a per case, monthly basis. Income received totaled \$935,797 for the year ended December 31, 2008.

**Note (4) Investment in Tissue Regeneration Technologies, LLC**

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In 2005, the Company received 1,000,000 Class A member interests in Tissue Regeneration Technologies, LLC (TRT), a limited liability company organized to obtain FDA approvals of new technologies in the treatment of certain medical conditions including wound care and orthopaedics. In exchange for the interests, the Company and a related party have entered into exclusivity and non-compete agreements with TRT as its service provider for shockwave technology and systems through December 31, 2010. At the time of the initial investment, TRT was in its preliminary stages of operations and as such, no value was attributed to the interests by the Company. This investment has been accounted for using the cost method.

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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (5) Commitments and Contingencies**

The Company leases operating, office and storage space from various unrelated parties. The agreements have varying terms maturing in 2011. On January 1, 2007, the Company entered into an agreement to sublease one of the office spaces through December 31, 2011. Under the terms of the sublease agreement, the sublessee is obligated to the Company for the rent due under the original lease, which was initially a minimum monthly base rent of \$8,609. Total rent expense paid under these agreements was \$457,239. Future minimum lease payments under the various agreements are as follows:

2009	\$	369,398
2010		375,973
2011		245,708
<b>Total</b>	<b>\$</b>	<b>991,079</b>

Effective January 1, 2002, the Company entered into a lease agreement for one of its facilities with a related party (Building, L.L.C.). Under the terms of the lease, which expires December 31, 2011, the Company is liable for an initial minimum monthly base rent of \$5,641, plus real estate taxes and insurance. Rent expense paid to the related party under this agreement was \$97,920 for the year ended December 31, 2008. The monthly base rent is increased 6% on an annual basis throughout the term of the lease. The future minimum annual lease payments are as follows:

2009	\$	103,792
2010		110,012
2011		116,608
<b>Total</b>	<b>\$</b>	<b>330,412</b>

The Company is the subject of various claims made in the ordinary course of business. Management believes that the ultimate outcomes of these matters will not have a material effect on the Company's financial statements.

During the year, the Company was served with a subpoena from the Office of the Inspector General (OIG). Pursuant to the subpoena, the Company had been providing various documents to the OIG. The Company incurred substantial legal fees both in response to the subpoena and in review of its internal documents and procedures. As of the date of this report, management has not received any further information regarding the potential outcome of the investigation.

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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2008**

**Note (6) Employee Benefit Plans**

---

The Company adopted a 401(k) profit sharing plan during 2002. The Plan is available to substantially all Company employees and permits them to defer a portion of their salary as contributions to the Plan. On an annual basis, the Company contributes an amount equal to 10% of each eligible employee's gross wages during the previous year. Company contributions to the 401(k) profit sharing plan during the year ended December 31, 2008 were \$670,306.

**Note (7) Recent Pronouncements**

---

During July 2006, the Financial Accounting Standards Board ("FASB") issued FASB Interpretation ("FIN") No. 48, "Accounting for Uncertainty in Income Taxes - An Interpretation of FASB Statement No., 109" ("FIN 48"). FIN 48 clarifies the accounting for uncertainty in income taxes recognized in financial statements in accordance with FASB Statement No. 109, "Accounting for Income Taxes". The provisions of FIN 48 were scheduled to be effective for nonpublic entities for fiscal years beginning after December 15, 2007, but during January 2009 FASB issued FASB Staff Position FIN 48-3 allowing certain nonpublic entities to elect to defer the effective date of FIN 48 until its fiscal year beginning January 1, 2009. The Company does not believe that the adoption of FIN 48 will have a material effect on its results of operations, financial position or cash flows.

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**United Urology Centers, L.L.C.**

**Financial Statements,  
Supplementary Information,  
and Auditor's Report**

**December 31, 2007**



*Focus. Dedication. Relationships.*

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

To the Members  
United Urology Centers, L.L.C.  
1111 E. Touhy Avenue, Suite 240  
Des Plaines, IL 60018

### **Independent Auditor's Report**

---

We have audited the accompanying statement of assets, liabilities and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2007, and the related statements of revenues and expenses and cash flows - modified cash basis for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note (1), these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and equity - modified cash basis of United Urology Centers, L.L.C. as of December 31, 2007, and its revenues, expenses and cash flows - modified cash basis for the year then ended, on the basis of accounting described in Note (1).

*Frost, Rittenberg & Rothblatt, P.C.*

June 11, 2008

- 1 -

*Frost,  
Rittenberg &  
Rothblatt, P.C.*

*Corporate Headquarters 111 Pfingsten Road, Suite 300 • Deerfield, IL 60015 • 847-236-1111  
Chicago One N. LaSalle Street, Suite 1500 • Chicago, IL 60602 • 312-263-4455*

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ATTACHMENT

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**Financial Statements**

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2007**

<b>Assets</b>	
<b>Current Assets</b>	
Cash and Cash Equivalents	\$ 7,601,218
Miscellaneous Receivables	2,837
Deposit on Equipment	377,188
<b>Total Current Assets</b>	<b>7,981,242</b>
<b>Property and Equipment</b>	
Furniture and Fixtures	423,595
Computers	650,671
Medical Equipment	11,409,703
Office Equipment	89,562
Mobile Trucks	1,078,616
Leasehold Improvements	1,072,143
<b>Total</b>	<b>14,724,291</b>
Less: Accumulated Depreciation	(9,068,852)
<b>Net Property and Equipment</b>	<b>5,655,439</b>
<b>Investments</b>	<b>8,810,000</b>
<b>Other Assets</b>	
Investment in Kidneystone Real Estate	12,329
Goodwill	4,567,088
<b>Total Other Assets</b>	<b>4,579,417</b>
<b>Total Assets</b>	<b>\$ 27,026,099</b>

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Statement of Assets, Liabilities and Equity -**  
**Modified Cash Basis**  
**December 31, 2007**

---

**Liabilities and Members' Equity**

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**Current Liabilities**

Accounts Payable - Equipment	\$ 67,229
Due to Affiliates	31,358
Due to Members	9,993,848
<b>Total Current Liabilities</b>	<b>10,092,434</b>

---

**Members' Equity**

Balance - Beginning	16,597,941
Net Income	23,509,418
Member Contributions	991,500
Member Withdrawals	(590,939)
Member Distributions	(23,574,255)
<b>Total Members' Equity</b>	<b>16,933,664</b>
<b>Total Liabilities and Members' Equity</b>	<b>\$ 27,026,099</b>

---

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Statement of Revenues and Expenses - Modified Cash Basis**  
**For the Year Ended December 31, 2007**

	Amount	Amount Per Case
<b>Revenues</b>		
Gross Fees Collected	\$ 54,403,986	\$ 4,546.93
Less: Fee Refunds Paid	(3,628,526)	(303.26)
<b>Net Revenues Collected</b>	<b>50,775,460</b>	<b>4,243.67</b>
<b>Expenses</b>		
Operations	9,598,420	802.21
Billing - Net	1,934,278	102.41
Development	261,026	21.82
Administration	1,243,130	103.90
General and Administrative Expenses	3,852,626	321.99
Physician Professional Fees	9,774,213	816.90
<b>Total Expenses</b>	<b>26,663,692</b>	<b>2,169.23</b>
<b>Income Before Capital Expenses</b>	<b>24,111,768</b>	<b>2,074.44</b>
<b>Capital Expenses</b>		
Depreciation	1,427,841	119.33
<b>Total Capital Expenses</b>	<b>1,427,841</b>	<b>119.33</b>
<b>Income From Operations</b>	<b>22,683,927</b>	<b>1,955.11</b>
<b>Other Income (Expense)</b>		
Interest Income	500,325	41.82
Capital Equipment Rental Income	621,739	51.96
Litigation Settlement Income (Expense)	(60,751)	(5.08)
Commission Income	7,500	0.63
Miscellaneous Income	6,086	0.51
Loss on Sale of Fixed Assets	(17,689)	(1.48)
Income from Kidneystone Real Estate	6,394	0.53
<b>Total Other Income (Expense)</b>	<b>1,063,605</b>	<b>88.89</b>
<b>Income Before Provision For Income Taxes</b>	<b>23,747,531</b>	<b>2,044.00</b>
State Income Tax	(238,114)	(19.90)
<b>Net Income</b>	<b>\$ 23,509,418</b>	<b>\$ 2,024.10</b>
<b>Total Number of Cases - UUC</b>		<b>11,965</b>
<b>Total Number of Cases - Billing Services</b>		<b>18,887</b>

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (1) Summary of Significant Accounting Policies**

---

**A. Business**

United Urology Centers, L.L.C. (the "Company") is a Delaware Limited Liability Company in the field of urologic medicine, providing medical equipment and related services for non-invasive or minimally-invasive treatment therapies for patients with kidney stones. The Company has five fixed sites, four in Illinois and one in Indiana, along with numerous mobile sites from which it operates. The mobile units consist of a number of medically equipped vehicles that travel to various sites throughout the United States.

**B. Basis of Presentation**

The accompanying financial statements have been prepared on the modified cash basis of accounting. That basis differs from accounting principles generally accepted in the United States of America primarily because the Company has not recognized balances, and the related effects on earnings of accounts receivable from patients and third-party agencies and of accounts payable to vendors.

**C. Form of Organization**

The Company is a Limited Liability Company (LLC), which is governed by an Operating Agreement (Agreement). The more significant provisions of the Agreement include:

Profit and loss allocations are in accordance with ownership percentages,

There are four dilutive classes of members, Classes A, C, D, and E, and one non-dilutive class of members, Class B,

Cash distributions are in accordance with ownership percentages for Class A, B, C, D and E members; however certain Class A member distributions are reduced by payments on amounts due to the Company per a contribution agreement (See Note (9)),

Member contributions and withdrawals are made in accordance with a buy-sell agreement, in an amount determined by the managers, and

The Company is managed by two of its Class B members who have a 15%, non-dilutive ownership interest.

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CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Statement of Cash Flows - Modified Cash Basis**  
**For the Year Ended December 31, 2007**

<b>Cash Flows From Operating Activities</b>	
<b>Net Income</b>	<b>\$ 23,509,418</b>
<b>Adjustments to Reconcile Net Income to Net Cash Provided By (Used In) Operating Activities</b>	
Depreciation	1,427,841
Loss on Sale of Fixed Assets	17,689
Noncash Litigation Settlement	26,751
Income from Unconsolidated Affiliate	(6,394)
(Increase) Decrease in Assets	
Prepaid Expenses and Other Current Assets	2,957
Increase (Decrease) in Liabilities	
Accrued Expenses and Other Current Liabilities	(363,478)
<b>Total Adjustments</b>	<b>1,105,366</b>
<b>Net Cash Provided By (Used In) Operating Activities</b>	<b>24,614,784</b>
<b>Cash Flows From Investing Activities</b>	
Payments for Purchase of Investments	(9,745,000)
Proceeds from Sale of Investments	6,900,000
Proceeds from (Payments on) Related Party Receivables - Net	181,869
Distributions from Unconsolidated Affiliate	5,127
Proceeds from Sale of Property and Equipment	5,200
Payments for Acquisition of Property and Equipment	(1,801,516)
<b>Net Cash Provided By (Used In) Investing Activities</b>	<b>(4,454,320)</b>
<b>Cash Flows From Financing Activities</b>	
Proceeds from Member Contributions	991,500
Payments for Member Withdrawals	(590,939)
Payments on Members' Distributions	(22,334,772)
<b>Net Cash Provided By (Used In) Financing Activities</b>	<b>(21,934,211)</b>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	<b>(1,773,747)</b>
Cash and Cash Equivalents - Beginning	9,374,965
<b>Cash and Cash Equivalents - Ending</b>	<b>\$ 7,601,218</b>
<b>Cash Paid for Interest</b>	<b>\$ 0</b>
<b>Cash Paid for Taxes</b>	<b>\$ 238,114</b>

The accompanying Notes are an integral part of the Financial Statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS



**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (1) Summary of Significant Accounting Policies - Continued**

---

**D. Asset Impairment**

The Company reviews the recoverability of long-lived tangible and intangible assets in accordance with SFAS No. 144. This statement requires review of assets when circumstances indicate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds the fair value less costs to sell the asset. There were no impairment charges for the year ended December 31, 2007.

**E. Property and Equipment**

Property and equipment is recorded at cost. Depreciation is provided on the straight-line method over the following estimated useful lives:

	<u>Years</u>
Furniture and Fixtures	5-15
Computers	3-5
Medical Equipment	3-7
Office Equipment	5-15
Mobile Trucks	5-7
Leasehold Improvements	7-10

Amortization of leasehold improvements is computed using the straight-line method over the lesser of the useful lives of the assets or the lease term.

**F. Cash Equivalents**

The Company considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

**G. Income Taxes**

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for state income taxes.

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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (1) Summary of Significant Accounting Policies - Continued**

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**H. Goodwill**

Goodwill relates to the excess of cost over the fair market value of assets purchased in a business acquisition. In accordance with Statement of Financial Accounting Standards No 142 - "Goodwill and Other Intangible Assets", goodwill must be tested annually for impairment. Goodwill as of December 31, 2007 was not considered impaired.

**I. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

**J. Cash Balances in Excess of Insured Amounts**

The Company maintains its cash and investments in accounts which typically exceed insured limits. The Company has not experienced any losses due to these limits.

**K. Advertising Costs**

Advertising costs are expensed as incurred and are immaterial for the year ended December 31, 2007.

**L. Rounding**

This is a computer generated statement, therefore, you may find rounding discrepancies in some of the amounts reflected on the statement.

**Note (2) Revenue Recognition**

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Revenue is recognized for patient services as payments are received. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the Company for private pay patients. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

*Frost, Ruttenberg & Rothblatt, P.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

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**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (3) Investments**

The Company classifies its marketable debt securities as "held to maturity" if it has the positive intent and ability to hold the securities to maturity. Other marketable securities are classified as "available for sale".

At December 31, 2007, marketable debt securities consist of municipal bonds classified as available for sale with the following maturities:

	<b>Fair Market Value</b>
2008	\$ 300,000
2015	500,000
2020	1,665,000
2022	300,000
2025	600,000
2026	3,475,000
2032	1,170,000
2036	800,000
<b>Total</b>	<b>\$ 8,810,000</b>

**Note (4) Due to Affiliates**

Due to Affiliates represent unsecured noninterest-bearing advances from related parties. The components of these advances are short-term and fluctuate frequently.

**Note (5) Related Party Transactions**

During the year ended December 31, 2007, the Company received approximately \$684,288 from related entities for billing and administrative services provided in the normal course of business. Billing and administrative services are received based on a standard rate per case. The Company purchased services from a related party for the refurbishment of certain operating components of equipment. Expenses related to services performed represent less than one percent of operating costs for the year ended December 31, 2007. In addition, the Company paid \$152,905 to related parties for reimbursement of payroll expenses for the year ended December 31, 2007.

The Company has a management agreement with a related party. Under the terms of the agreement, the Company is responsible for monthly fees based on a percentage of net revenues. Management fees paid to that related party were \$3,081,800 for the year ended December 31, 2007.

The Company leases equipment to related parties on a per case, monthly basis. Income received totaled \$621,739 for the year ended December 31, 2007.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (6) Investment in Tissue Regeneration Technologies, LLC**

In 2005, the Company received 1,000,000 Class A member interests in Tissue Regeneration Technologies, LLC (TRT), a limited liability company organized to obtain FDA approvals of new technologies in the treatment of certain medical conditions including wound care and orthopaedics. In exchange for the interests, the Company and a related party have entered into exclusivity and non-compete agreements with TRT as its service provider for shockwave technology and systems through December 31, 2010. At the time of the initial investment, TRT was in its preliminary stages of operations and as such, no value was attributed to the interests by the Company. This investment has been accounted for using the cost method.

**Note (7) Commitments and Contingencies**

The Company leases operating, office and storage space from various unrelated parties. The agreements have varying terms maturing in 2011. On January 1, 2007, the Company entered into an agreement to sublease one of the office spaces through December 31, 2011. Under the terms of the sublease agreement, the sublessee is obligated to the Company for the rent due under the original lease. Rent expense paid under these agreements was \$340,294. Future minimum lease payments under the various agreements are as follows:

2008	\$	362,920
2009		369,398
2010		375,973
2011		245,708
<b>Total</b>	<b>\$</b>	<b>1,353,999</b>

Effective January 1, 2002, the Company entered into a lease agreement for one of its facilities with a related party (Building, L.L.C.). Under the terms of the lease, which expires December 31, 2011, the Company is liable for an initial minimum monthly base rent of \$5,641, plus real estate taxes and insurance. Rent expense paid to the related party under this agreement was \$92,388 for the year ended December 31, 2007. The monthly base rent is increased 6% on an annual basis throughout the term of the lease. The future minimum annual lease payments are as follows:

2008	\$	97,920
2009		103,792
2010		110,012
2011		116,608
<b>Total</b>	<b>\$</b>	<b>428,332</b>

The Company is the subject of various claims made in the ordinary course of business. Management believes that the ultimate outcomes of these matters will not have a material effect on the Company's financial statements.

**Frost, Ruttenberg & Rothblatt, P.C.**  
 CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (8) Deferred Compensation Agreements**

---

The Company has a deferred compensation agreement with one of its key employees. Under the terms of the agreement, the employee is eligible to receive monetary benefits upon the completion of ten consecutive years of service. The Company is obligated to deposit one-tenth of the total benefits on an annual basis into a separate cash or investment account. The nature of the account and any associated investment decisions are at the sole discretion of the Board of Directors. The account remains a general asset of the Company until the employee is eligible to receive benefits. Contributions to the deferred compensation account totaled \$12,000 for the year ended December 31, 2007. The deferred compensation account, included in cash and cash equivalents, has a balance of \$126,965 as of December 31, 2007. A corresponding liability has not been recorded in this cash basis presentation. Future minimum contributions are as follows:

2008	\$	12,000
<b>Total</b>	<b>\$</b>	<b>12,000</b>

**Note (9) Employee Benefit Plans**

---

The Company adopted a 401(k) profit sharing plan during 2002. The Plan is available to substantially all Company employees and permits them to defer a portion of their salary as contributions to the Plan. On an annual basis, the Company contributes an amount equal to 10% of each eligible employee's gross wages during the previous year. Company contributions to the 401(k) profit sharing plan during the year ended December 31, 2007 were \$388,269.

*Frost, Ruttenberg & Rothblatt, P.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

**United Urology Centers, L.L.C.**  
**Notes to Financial Statements**  
**December 31, 2007**

**Note (10) Business Combinations**

---

Effective September 1, 2006 and October 1, 2006, the Company entered into contribution agreements with Central Iowa Lithotripsy, Inc. (CIL) and Lithoserve, LLC (Lithoserve), respectively. Under the terms of the agreements, the assets of CIL and Lithoserve, subject to their liabilities, were contributed to the Company. The mergers were accounted for using the purchase method of accounting. The aggregate purchase price was 145.30 Class A member interests issued to the shareholders of CIL, valued at \$2,906,000 and 8.28 Class A member interests issued to the members of Lithoserve, valued at \$165,600. The value of the interests was based on the current selling price of a Class A member interest.

Per the contribution agreement, CIL may receive additional Class A member interests based on increases in net income attributable to each company in excess of amounts distributed by each company in 2005 during a post-close valuation period. The post-close valuation period is from September 1, 2007 through August 31, 2008.

**Note (11) Subsequent Event**

---

Subsequent to year end, the Company was served with a subpoena from the Office of the Inspector General (OIG). Pursuant to the subpoena, the Company has been providing various documents to the OIG. The Company has incurred substantial legal fees both in response to the subpoena and in review of its internal documents and procedures. As of the date of this report, management has not received any further information regarding the potential outcome of the investigation.

**Frost, Ruttenberg & Rothblatt, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

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**Section IX**  
**Financial Feasibility**  
**Financial Viability**  
**Criterion 1120.130**

The Applicant will be funding its obligations under the Project from internal sources – specifically cash and cash equivalents. Thus, the Applicant is entitled to a financial viability waiver. Bruce Cohen's Financial Viability Affidavit in support of this Criterion is attached at ATTACHMENT 40.

September 13, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Criterion 1120.130(a) Financial Viability Waiver Certification**

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.130(a), that United Urology Centers LLC will fund its obligations as set forth in its Certificate of Need Application from internal sources – specifically, cash and cash equivalents.


Sincerely,

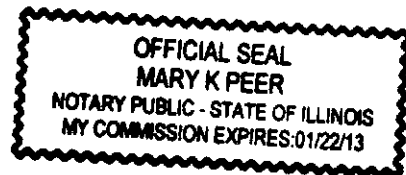


F. Bruce Cohen  
Chief Operating Officer

**SUBSCRIBED AND SWORN**

to before me this 13 day of September, 2010.

  
\_\_\_\_\_  
Notary Public





**Section X  
Attachment 42  
Economic Feasibility  
Criterion 1120.140**

**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

This Criterion is satisfied because the Applicant will be funding its obligations under this Project with cash and cash equivalents. Bruce Cohen's Affidavit of Available Funds in support of this Criterion is attached at ATTACHMENT 39.

**Criterion 1120.140(b), Conditions of Lease Financing**

As previously set forth in this Application, the Facility has been operating as a Joint Commission accredited lithotripsy and laser center at 120 North LaGrange Road in LaGrange, Illinois, since 1995. Thus, the Applicant has long had a space lease for the LaGrange Facility. A copy of that space lease is attached at ATTACHMENT 7. The fair market value of the space lease is \$627,415.63. Because the LaGrange Facility is already Joint Commission accredited, less than \$400,000 in renovations have to be made to bring the LaGrange Facility into compliance with the life safety code standards for licensed ambulatory surgery centers.

As compared to several recent certificate of need applications to construct de novo ambulatory surgery centers (which had construction costs in excess of \$2,600,000), it is far less costly to continue to lease the LaGrange Facility than to build a new ambulatory surgery center. See, e.g., Grundy-Will Healthcare Surgery Center, Project No. 07-038 (\$2,620,550 in construction costs); Olympian Surgical Suites, Project No. 07-004 (\$2,680,000 in construction costs); State Norms (\$291 per square foot for new construction of ambulatory surgery centers).

Indeed, given the fact that land would also have to be purchased to construct a de novo surgery center, maintaining the Applicant's current space lease is the least expensive option.

Bruce Cohen's Affidavit in support of the foregoing statements is attached at ATTACHMENT 42.

United Urology Centers  
1111 East Touhy Avenue, Suite 240  
Des Plaines, Illinois 60018

September 20, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Certification Regarding Conditions of Lease Financing

Dear Mr. Constantino:

I hereby certify and attest, as an authorized representative of United Urology Centers LLC (the "Applicant"), under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.140(b), to the following:

1. The Applicant is a Joint Commission accredited lithotripsy center located at 120 North LaGrange Road in LaGrange, Illinois (the "Space").
2. The Applicant executed a certain Lease Agreement for the Space on January 1, 2002 (the "Space Lease").
3. The Space Lease currently expires on December 31, 2016.
4. Under the terms of the Space Lease, the Applicant leases 3,934 rentable square feet. In 2011, the annual rent for the Space will be \$116,648, and will increase by six percent (6%) per year thereafter.
5. Based on the foregoing, the fair market value of the Space Lease is \$627,415.63.
6. I have reviewed several, recent certificate of need applications filed for other ambulatory surgery center projects and, more specifically, the construction costs associated with de novo ambulatory surgery center construction. Those applications listed construction costs in excess of \$2,620,550.
7. I have also reviewed the State Norms set forth in Appendix A of Section 1120 of the Rules published by the Illinois Health Facilities & Services Review Board, which allow an applicant to spend \$291 per square foot to construct a new ambulatory surgery center. That would equate to a construction budget of \$1,144,794 for this Project.
8. In order to construct a new ambulatory surgery center, the Applicant would also have to acquire a parcel of land.
9. Based on the foregoing, it is my belief that it is less costly to continue to lease the Space than to build a de novo ambulatory surgery center.

Sincerely,

\_\_\_\_\_  
F. Bruce Cohen  
Chief Financial Officer

SUBSCRIBED AND SWORN  
to before me this \_\_\_\_\_ day  
of September, 2010.

\_\_\_\_\_  
Notary Public

**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The construction and contingency cost per gross square foot for the clinical portions of the Project is \$95.88. The clinical portions of the Project encompass 2,219 rentable square feet. The construction and contingency costs for the clinical portions of the Project total \$212,759.67.

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE  
(CLINICAL PORTIONS OF PROJECT)**

Department (list below)	A B		C D		E F		G	H	Total
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft. (Clinical Portions Only)		Const. \$	Mod. \$ (Clinical Portions Only)	Cost (Clinical Portions Only)
	NEW	MOD	NEW	CIRC	MOD	CIRC	(A x C)	(B x E)	(G + H)
Non-Hospital Based Ambulatory Surgical Treatment Center									
Construction Costs	---	\$87.16	---	---	2,219	---	---	\$193,418.40	\$193,418.40
Contingencies	---	\$8.72	---	---	2,219	---	---	\$19,341.28	\$19,341.28
<b>Construction Costs &amp; Contingencies Total</b>	---	<b>\$95.88</b>	---	---	2,219	---	---	<b>\$212,759.67</b>	<b>\$212,759.67</b>

2. The Applicants will incur the following costs in completing this Project.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$193,418.40	\$149,487.40	\$342,905.80
Contingencies	\$19,341.28	\$14,948.30	\$34,289.58
Architectural/Engineering Fees	\$14,665.48	\$11,334.52	\$26,000.00
Consulting and Other Fees	\$49,580.60	\$38,319.40	\$87,900.00
Movable or Other Purchased Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space	\$353,897.99	\$273,517.37	\$627,415.36
Fair Market Value of Leased Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$630,903.74</b>	<b>\$487,607.00</b>	<b>\$1,118,510.74</b>

As set forth below, all cost components attributable to the clinical portions of this Project are well within the Section 1120 norms.

Project Item	Project Cost (Clinical Parts Only)	Section 1120 Norm	Project Cost Compared to Section 1120 Norm
Preplanning Costs	\$0	1.8% * (Construction Costs + Contingencies + Equipment)	Below Section 1120 Norm.
Site Survey, Soil Investigation and Site Preparation	\$0	5% * (Construction Costs + Contingencies)	Below Section 1120 Norm.
Construction Contracts and Contingencies	\$193,418.40+ \$19,341.28 = \$212,759.67  \$212,759.67/2,219 = \$95.88 per GSF	\$203 per GSF	Below Section 1120 Norm.  Construction Contracts and Contingencies are only \$95.88 per gross square foot
Contingencies	\$19,341.28	10% * (Construction Costs) = 10% * \$193,418.40 = \$19,341.84	At Section 1120 Norm.  Contingencies are at 10% of Construction Costs.
Architectural and Engineering Fees	\$14,665.48	9.48% to 14.22% * (Construction Costs + Contingencies) = 9.48% to 14.22% * (\$193,418.40+ \$19,341.28) = 9.48% to 14.22% * \$212,759.67 = \$20,169.62 to \$30,254.43	Below Section 1120 Norm.  Architectural and Engineering Fees are only 6.89% of Construction Costs + Contingencies
Consulting and Other Fees	\$49,580.60	No Section 1120 Norm	Reasonable as compared to other approved projects.
Purchased Equipment	\$0	No Section 1120 Norm	Not Applicable
Fair Market Value of Leased Space	\$353,897.99	No Section 1120 Norm	Reasonable as compared to other approved projects.

Bruce Cohen's Affidavit in support of the fair market value of the Space Lease is attached at ATTACHMENT 7. A detailed listing of the construction costs and consulting fees are attached at ATTACHMENT 7.

**Criterion 1120.140(d), Projected Operating Costs**

The projected operating costs for each identified procedure are as follows:

Extracorporeal shockwave lithotripsy procedure (no stent, no catheter) = \$277.59 per procedure

Extracorporeal shockwave lithotripsy procedure (with stent) = \$452.16 per procedure

Extracorporeal shockwave lithotripsy procedure (with catheter) = \$392.62 per procedure

Laser = \$491.21 per procedure

**Criterion 1120.140(e), Total Effect of the Project On Capital Costs**

Total Projected Annual Capital Costs in Target Utilization Year = \$0

Total Projected Annual Capital Costs Per Procedure = \$0



**Section XI**  
**Safety Net Impact Statement**

1. The Applicant believes that the proposed Surgery Center will improve essential safety net services because Medicaid and Medicare patients will, once again, be able to receive extracorporeal shockwave lithotripsy procedures for the treatment of kidney stones and laser procedures for the treatment urethral stones and benign prostatic hyperplasia (enlarged prostates) at the LaGrange Facility/Surgery Center. If this Application is denied, the LaGrange Facility will not be able to treat Medicaid and Medicare patients.

2. The following chart sets forth the amount of charity care rendered by the LaGrange Facility in the last three years and the projected amount of charity care in 2011.

United Urology Centers LLC – LaGrange Facility				
	2007	2008	2009	2011 (Projected)
Number of Charity Care Cases	29	32	39	46
Charity Care (Charges)	\$318,478	\$367,232	\$460,980	\$513,828
Cost of Charity Care	\$8,138	\$9,039	\$9,991	\$13,245

3. The following chart sets forth the amount of care provided to Medicaid patients at the Applicant's lithotripsy and laser center in Park Ridge, Illinois (the "Park Ridge Facility"). The Applicant's "under-arrangement" agreements with local hospitals in close proximity to the LaGrange Facility did not cover Medicaid patients; thus the LaGrange Facility could not treat Medicaid patients (under the federal reimbursement rules). Instead, and if the patients were willing, the Applicant treated Medicaid patients that would have been treated at the LaGrange Facility at the Park Ridge Facility, because the "under-arrangement" agreements with local hospitals in close proximity to the Park Ridge Facility did cover Medicaid patients. If this Project is approved, the Applicant is anticipating that its Medicaid patient load at the LaGrange Facility/Surgery Center will double because, historically, a number of the Medicaid patients in close proximity to the LaGrange Facility were unwilling to drive up to the Park Ridge Facility.

United Urology Centers LLC – Park Ridge Facility (Patients from LaGrange Facility)				
	2007	2008	2009	2011 (Projected)
Medicaid Patients	30	42	41	82
Medicaid Revenue	\$47,829	\$67,396	\$64,819	\$129,638

**Section XII**  
**Charity Care Information**

The following chart sets forth the amount of charity care rendered by the LaGrange Facility and the Park Ridge Facility (which is not part of this Application) in the last three years and the projected amount of charity care in 2011.

United Urology Centers LLC – LaGrange Facility				
	2007	2008	2009	2011 (Projected)
Net Patient Revenue	\$8,761,494	\$7,358,100	\$6,906,452	\$6,793,263
Number of Charity Care Cases	29	32	39	46
Charity Care (Charges)	\$318,478	\$367,232	\$460,980	\$513,828
Cost of Charity Care	\$8,138	\$9,039	\$9,991	\$13,245

United Urology Centers LLC – Park Ridge Facility				
	2007	2008	2009	2011 (Projected)
Net Patient Revenue	\$8,741,971	\$8,264,706	\$8,523,149	\$8,999,720
Number of Charity Care Cases	26	37	31	52
Charity Care (Charges)	\$285,532	\$424,612	\$366,420	\$513,828
Cost of Charity Care	\$7,296	\$10,451	\$7,941	\$16,399

The Applicant's financial statements for the past three years are attached at ATTACHMENT 39.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
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1	Applicant/Coapplicant Identification including Certificate of Good Standing	22-23
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21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
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32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
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40	Financial Waiver	867-868
41	Financial Viability	
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43	Safety Net Impact Statement	877
44	Charity Care Information	878