

Associated Urological Specialists, llc
Specialized Urologic Consultants

www.specializedurology.com

K. Dan Hoyme, M.D., F.A.C.S.

Stephen R. Nold, M.D., F.A.A.P.
Pediatric Urology

John N. Defranco, M.D., F.A.C.S.
General Urology
Urologic Oncology

Jae H. Kim, M.D.
General Urology
Reconstructive And Female Urology

Herbert M. User, M.D.
Urologic Endourology
Laparoscopy And Stone Disease

Aaron D. Berger, M.D.
Urologic Laparoscopy, Endourology
Robotic Surgery And Stone Disease

10400 Southwest Hwy
Chicago Ridge, IL 60415
Phone (708) 423-8706
Fax (708) 423-8659

16632 S. 107th Court
Orland Park, IL 60467
Phone (708) 349-6350
Fax (708) 349-9153

1020 E. Ogden Avenue
Suite 302
Naperville, IL 60563
Phone (708) 423-8706

Below is a checklist of requirements for your appointment.

Your appointment is scheduled for _____.

_____ Please call your insurance company to make sure our physician is in your insurance network. Our tax identification number is 20-2136282

_____ Please complete in full the forms listed on this website. Remember to bring them with you to your above scheduled appointment.

_____ Please bring in all insurance cards for all active insurance policies so that we can file to your insurance. Failure to bring in your insurance cards will cause your file to be classified as a "self pay" account. All co-pays are due at time of service.

_____ Please bring results and/or films from any tests that you have had done while hospitalized or seen by another doctor resulting in your appointment with our urologist. In order to treat your condition, our urologist needs all information to properly diagnose you.

_____ Please bring in a list of all the medications you are currently on including the dosages and how often you take them.

_____ If you are an HMO patient, please remember to bring your referral with you or your appointment will have to be rescheduled.

If you have any questions, please feel free to contact our office.