**STAR UROLOGY OF TEXAS, P.A.**

**DR. FRANCIS O. NWAFOR, M.D.**

**Deductible/Co-Pay/Co-Insurance**

This office requires you to pay your portion of your Deductible, Co-Pay, and /or Co-Insurance **today**.

If you would like an estimate of what will be due today, please ask, and the billing representative will assist you.

We will calculate what your insurance requires based on your coverage benefits, and insurance contracted amount.

We can provide an estimate of charge today, but this amount may change if the doctor requires additional lab, x-ray, injections or any other services. The final amount due will be determined when your check out **today**.

I understand I am responsible to pay my portion of my deductible, co-pay or co-insurance at the end of my visit **today.**

**Patient Signature Date**