

EL CAMINO UROLOGY MEDICAL GROUP, INC.

A Division of USNC
2490 Hospital Drive, Suite 210
Mountain View, CA 94040-4102

Dear Patient:

Medicare will not pay for supplies such as:

Leg bags	\$11 - \$15
Catheters	\$16
Incontinence clamps	\$45
Urinal	\$10
Lubricant	\$13
Syringes	Varies
Medicated wipes	\$15/box
Other supplies	Varies

I understand I am responsible for payment of these supplies.

Signed _____ *Date* _____