



## MEDICAID RECIPIENTS ONLY

Dear Valued Patient,

If you receive services in our office for which Medicaid will be billed, you must sign this acknowledgement. Pursuant to the laws that authorize Medicaid, if you have private health insurance, all claims **MUST** be submitted to your private insurance first and then Medicaid secondarily. If your claim is submitted to Medicaid as the primary payer, **you are committing fraud.**

It is your responsibility to be sure that Alabama Women's Wellness Center has **ALL** of your health insurance policies on file. By signing this document, you, as the undersigned, swear or affirm under penalty of law that you have provided our office all health insurance coverage. If you are not willing to sign this form, we will not be able to accept you as a patient.

**I DO HEREBY SWEAR OR AFFIRM THAT I HAVE PROVIDED ALL HEALTH INSURANCE INFORMATION AND THAT BASED UPON MY SIGNATURE TO THIS DOCUMENT, THIS OFFICE WILL BE SUBMITTING THE BILLS FOR MY MEDICAL SERVICES TO MEDICAID ACCORDING TO PRACTICE GUIDELINES. IF I FAIL TO PROVIDE ALL PRIVATE INSURANCE INFORMATION, I MAY BE REPORTED TO THE STATE FOR INVESTIGATION.**

**I ACKNOWLEDGE THAT WITHHOLDING ADDITIONAL INSURANCE INFORMATION IS GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PRACTICE.**

**ADDITIONALLY, ALL CLAIMS FILED FOR WHICH THE OFFICE IS UNABLE TO COLLECT PAYMENT DUE TO COORDINATION OF BENEFITS ISSUES WILL BE MY RESPONSIBILITY AND WILL BE IMMEDIATELY SUBJECT TO COLLECTIONS ACTIONS.**

**I ACKNOWLEDGE THAT NON-PAYMENT OF COLLECTIONS ACCOUNTS IS CAUSE FOR DISMISSAL FROM THE PRACTICE 30 DAYS FROM DATE OF COLLECTIONS.**

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Signature

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Date