



## Medicaid Policy

I will be responsible for the payment of all charges associated with this visit if I do not provide a valid NC Medicaid/HealthChoice card to Greensboro Pediatricians. I waive the right to use the NC Medicaid/HealthChoice card for today as Greensboro Pediatricians cannot verify my child's Primary Care Physician.

If it is determined that my card is inactive and/or terminated by NC Medicaid, I will assume responsibility for any charges incurred during the ineligibility period (i.e. Date of Service). If you feel this is an error, we strongly encourage you to contact your Case Manager for assistance and provide our billing department an update within 14 business days.

**Payment:** Due at the time of service. *HealthChoice has a \$5 copay per physician visit.*

I understand that if I am unable to pay for the visit at the time of service, I am responsible for making payment arrangements with the billing department.

By signing below, I am stating that I understand and agree to the conditions above.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_