Stark County Women's Clinic

5000 Higbee Avenue, Canton, OH 44718 330-493-0313 -or- 800-544-0313 * Practice Limited to Obstetrics and Gynecology *

GYNECOLOGY MEDICAID FINANCIAL AGREEMENT

PATIENT NAME	-	DOB
I, the above listed patient of S have been informed Stark County Wo not contracted with Buckeye Comprimary and/or secondary insurance.	omen's Clinic does i	not accept Medicaid (and is
I understand that if I am not opatients must sign acknowledging that Policy in regards to Medicaid.		ust an informed consent that all k County Women's Clinic
If I am a Medicaid enrollee, I personally responsible for payment o January 1, 2011 through December 3 service.	f all charges incurred	d during the time period of
I acknowledge that I choose no insurance and will be considered a see Medicaid, I agree to transfer to a Medicaid.	lf-pay patient. In the	
Patient Signature		Witness Initials