



## GYNECOLOGY MEDICAID FINANCIAL AGREEMENT

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

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

I, the above listed patient of Stark Women's Center, acknowledge that I have been informed Stark Women's Center does not accept some Medicaid (and is not contracted with **Unison, Molina, Paramount, and Buckeye**) as a primary and/or secondary insurance.

I understand that if I am not on Medicaid this is just an informed consent that all patients must sign acknowledging that I am aware of Stark Women's Center Policy in regards to Medicaid.

If I am a Medicaid enrollee in any of the above mentioned Medicaid Plans, I acknowledge that by signing this document, I am personally responsible for payment of all charges incurred. **Payment will be due in full at the date of service.**

I acknowledge that I choose not to use the above mentioned Medicaid plans as my primary and/or secondary insurance and will be considered a self-pay patient. In the future if I choose to utilize these Medicaid plans, I agree to transfer to a Medicaid provider for my care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Initials

Sunitha Jagadish, M.D.   Randall S. Starcher, M.D.   Melissa S. Vassas, D.O.  
Jason M. Hoppe, D.O.   Carl T. Schleich, M.D.   Megan M. Staub, M.D.