



**ADAMS
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GYNECOLOGY
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WOMEN'S CARE CENTER
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**TENNCARE/MEDICAID ATTESTATION AND
FINANCIAL WAIVER**

I have been informed that my physician (physician's office) is not enrolled in any TennCare plan (United Healthcare or Blue Care) or for any other state Medicaid plans. I understand that my physician's office will not file for services with any TennCare insurance plan or any state Medicaid plan. I understand that if I have or apply for TennCare or any other state Medicaid Plan I cannot continue to be seen by a physician in this group.

I understand that, if I receive the services my TennCare insurance plan or state Medicaid plan will not be filed and I will be responsible to pay for all costs associated with the service(s), including, but not limited to, practitioner, facility costs, ancillary charges and any other related expenses (including circumcision(s) of male children). I acknowledge that my physician (physician's office) will not file for the services and my TennCare insurance plan or my state Medicaid plan will not pay for the service(s).

I, hereby, verify that I understand and agree to the above information.

Attestation expires in one year.

Patient Signature: _____

Responsible Party Signature (if patient is a minor):

Date: _____

Chart: _____