Carolina Pain & Weight Loss

Carolyn Davis, MSN, FNP-BC
Jennifer McLane, ANP-BC
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Pain Management Specialists

MEDICAID-CAROLINA ACCESS WAIVER

I, _____, am aware that I may be financially responsible for a
(Print Patient Name)
visit(s) at Carolina Pain and Weight Loss for any or all reasons listed below:

- If Carolina Pain and Weight Loss cannot verify my Medicaid eligibility coverage at the time of my appointment or if my coverage is terminated retroactively after my scheduled appointment.
- For any deductible, co-insurance and/or copayments as specified by Medicaid
- In the event that I do not have my Medicaid card as proof of coverage with me at the time of any appointment
- If there is no referral on file allowing me to seek the services of Carolina Pain and Weight Loss
- For any non-covered service in which Carolina Pain and Weight Loss have given me proper notification that the service is a non-covered benefit
- Any visit(s) in excess of the legislative annual visit limit for provider visits for the state's fiscal year as determined by NC Medicaid

I have been informed by Carolina Pain and Weight Loss that due to the listed circumstance(s) above, I may be financially responsible for all charged incurred at the time of my visit(s). By deciding to keep my scheduled appointment(s) and seeking the services of Carolina Pain and Weight Loss, I agree to pay any charges related to my appointment that are not covered by Medicaid in full at the next scheduled office visit for services previously incurred.

_____ _____
Printed Patient Name Date

_____ _____
Parent Signature Date

_____ _____
Witness Date