

GEORGIA MEDICAID NOTICE AND AGREEMENT

Please read the following carefully if your child has Medicaid, Peachcare, Wellcare, or Amerigroup.

If your child is covered under a private health insurance in addition to Medicaid/Peachcare, Wellcare, or Amerigroup, we are required by law to file the claims with the private insurance policy first. Please be advised that it is considered insurance fraud if we do not follow this protocol, and failure to comply can result in nonpayment of your medical claims by both Medicaid/Peachcare and your private insurance company.

Additionally, Georgia Medicaid/Peachcare, Wellcare, and Amerigroup have the right to retract payment for previously paid claims if they are not informed that your child has an active policy with a private health insurance company. If this occurs, we cannot recover payment for our services; therefore, the entire balance will then be the responsibility of the parent/guardian.

Please note the Medicaid/Peachcare, Wellcare and Amerigroup is always considered secondary if an active private health insurance plan is present. Also, the parent/guardian is always responsible for the copay required by the private health insurance and it is due at the time of service.

If you have any questions, please contact your insurance company for further information.

By signing this notice, you acknowledge receipt and understanding of its contents.

Patient's name _____

Signature of Parent/Legal Guardian _____ Date _____