ADAMS
PATTERSON
GYNECOLOGY
& OBSTETRICS
WOMEN'S CARE CENTER
OF MEMPHIS, MPLLC

6215 Humphreys Blvd.
Suite 301
Memphis, TN 38120
Tel: 901.767.3810
Fax: 901.682.2920

7705 Poplar Ave.
Bldg. B, Suite 220
Germantown, TN 38138
Tel: 901.767.3810
Fax: 901.753.7324

T. Franklin King, MD
M. Leigh Keegan, MD
Regina G. Healy, MD
Judith J. Williams, MD
Leah C. Tonkin, MD
B. Todd Chappell, MD
Miriah B. Denbo, MD
Sharon A. Butcher, MD
Elizabeth D. Heitman, APN

TENNCARE/MEDICAID ATTESTATION AND FINANCIAL WAIVER

I have been informed that my physician (physician's office) is not a provider for 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.

Do you have TennCare or Medicaid? _____

Have you applied for TennCare or Medicaid coverage? _____

I understand that, if I elect to 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 the above information is correct.
Attestation expires in one year.

Patient Signature: _____

Responsible Party Signature (if patient is a minor):

_____

Date: _____

Chart: _____