

TO ALL MEDICAID, AMERIGROUP, PEACHSTATE, AND WELLCARE PATIENTS

My child is a patient of TenderCare Pediatrics, Inc. I understand that it is my responsibility to notify this office of any additional insurance that my child has in addition to Amerigroup, Medicaid, Peachstate, and Wellcare. Failure to disclose such information is considered fraudulent. It is TenderCare Pediatrics, Inc's policy to dismiss any patient from the practice for failure to disclose such information. Once the dismissal occurs, TenderCare Pediatrics, Inc. has the right to forward this document to your Medicaid plan to notify them of the reason for your child's dismissal from the practice.

I have reviewed the above information. My child _____ does not have any commercial insurance.

_____ Signature (Parent/Guardian)

_____ Printed Name

_____ Date