

**MACON GYN-OB ASSOCIATES**

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***To Our Valued Patients Receiving Medicaid Assistance***

*If you receive services in our office for which Medicaid will be billed, you must sign this acknowledgement stating that you have no additional insurance coverage above and beyond Medicaid. Pursuant to the laws that authorize Medicaid, if you have private health insurance, this claim must be submitted to your private insurance first then Medicaid. If your claim is submitted to Medicaid and you have private health insurance, **you are committing fraud.***

*By signing this document, you as the undersigned, swear to affirm under penalty of law that you have no private health insurance coverage.*

*I, \_\_\_\_\_ do hear-by swear or affirm that I have no private health insurance coverage, and that based upon my signature to this document, this office will be submitting the bills for my medical services to Medicaid. If I fail to provide any private insurance information, I may be reported to the State for further investigation.*

*Also if for any reason, your Medicaid coverage has been terminated or coverage has changed and services are not covered, **you, as the patient,** are responsible for the charges.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

