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Medicaid Policy

The following policy applies to patients with Alabama Medicaid:

1. Unless there is an emergency that necessitates an emergency room visit, patients are required to receive medical care at Gadsden Pediatric Clinic.
2. Patients are required to have all Medicaid screening visits performed by a Provider at Gadsden Pediatric Clinic.
3. Well child visits are required. Dismissal from Gadsden Pediatric Clinic will occur if there are two (2) no show appointments.
4. Payment in full will be expected after fourteen (14) sick visits per year have occurred.

Patients: (List all children)

Parent / Guardian Signature _____

Date _____