



To Our Medicaid Patients

Patient's Name:

Last First Middle

D.O.B.: ____/____/____

Sex: _____

In order for Marshall County Pediatrics, P.C. to continue accepting your Medicaid, each patient must understand and adhere to the following:

1. Children on Medicaid are limited to 14 physician visits per year (January to December). Due to this limit, you must always use Marshall County Pediatrics, P.C. for medical care instead of the ER, unless there is a true emergency. (ER visits for a routine health problem may count as a physician visit).
2. Not all physician visits are EPSDT screenings (well child visits). Medicaid allows for 1 EPSDT screen per calendar year (January to December). Visits that are considered EPSDT screenings do not count against the 14 visit limit. Patients are required to have an up-to-date EPSDT screening in order to be referred to any specialist or other physician in order to receive extra physician visits. These extra visits also do not count against the 14 visit limit. You must always bring the patient to Marshall County Pediatrics, P.C. for all EPSDT screenings while the patient is an established patient with our practice. EPSDT screenings are as follows: 2 month, 4 month, 6 month, 9 month, 12 month (1 year), 15 month, 18 month, 24 month (2 year) and 3-18 years (one per calendar year).
3. Once you have exceeded your 14 physician visits and 1 EPSDT screening per year, payment IN FULL is expected from you at the time of service. This must be paid before Marshall County Pediatrics, P.C. can see the patient for the next well child visit.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: ____/____/____