

**NOTICE OF NON-PARTICIPATION WITH
ANY MEDICAID PROGRAMS**

The providers of Dermatology and Skin Cancer Center do not participate with any Medicaid programs. Therefore, all services (includes prescriptions) rendered will NOT be submitted to any Medicaid insurance. If the patient and/or beneficiary wishes to receive services from any of the providers at Dermatology and Skin Cancer Center, he/she must accept full financial responsibility for these services.

Patient Name: _____

Signature: _____

Date: _____