



MEDICARE DENIAL

I am seeking medical care from First Care Medical Centers, LLC and acknowledge First Care is not enrolled to bill Medicare, I also understand First Care providers have not opted out of Medicare therefore they cannot collect any payment from patients with Medicare until Medicare has been billed. Therefore all Medicare patients will be referred to another clinic in town that accepts Medicare insurance.

I understand by signing this form, I am denying that I am covered by Medicare Part B Insurance.

I understand that I am financially responsible for the balance due on my account and I am expected to pay my co-pay or pay in full at the time services are rendered.

Print Name: _____

Signature: _____ Date: _____