The Whole Woman, PLLC

Agreement with Medicaid Beneficiary

Patient Name: ______________________________ DOB______________________

The Whole Woman does not accept Medicaid and does not bill Medicaid for any services rendered. All patients with Medicaid will be billed as private pay.

I agree to pay The Whole Woman for all services provided and understand that they will not bill Medicaid for any portion of my treatment nor will I attempt to bill Medicaid on my own behalf.

______________________________ ______________________

Patient Signature Date

*7509 Six Forks Road * Suite 101 * Raleigh, North Carolina 27615*
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