Case #: _____
Client Name: _____
SIU CC Service: _____

Carbondale Clinical Center

Clinician/Provider Notice to Illinois Department of Public Aid (Medicaid) Patient

The provider that you are scheduled to see today is not credentialed by the Illinois Department of Public Aid. If you choose to see this clinician/provider, you will be considered self pay and responsible for 100% of the charges incurred for the service. Illinois Department of Public Aid will not be billed. The Illinois Department of Public Aid will not have any fiscal responsibility for this service.

GUARANTOR AGREEMENT TO PAY

I have been notified by my clinician/provider that he/she is not credentialed as a Illinois Department of Public Aid (Medicaid) provider and any services billed to them will be denied for payment.

I agree to be personally and fully responsible for payment.

SIGNED: _____ _____
(Signature) *(Date)*

(cccdpawaiver-100104.cm)