



DISCLOSURE REGARDING MEDICARE AND MEDICAID

Please be advised that NeeOo W. Chin, MD is not a contracted, participating provider with the Medicare or Medicaid programs. This means that NeeOo W. Chin, MD and the Fertility Wellness Institute of Ohio are unable to extend medical services to any individual enrolled in ANY Medicare or Medicaid program. We apologize in advance for any inconvenience in your health care treatment decisions.

Please review the following statements, initial and sign in acknowledgement.

Patient / Partner

_____ (initial) I/we acknowledge that NeeOo W. Chin, MD is not a participating physician provider for Medicare or Medicaid.

I/We, _____, _____ (partner), am/are not currently enrolled in a Medicare or Medicaid program. I/we further acknowledge that I/we am/are not currently petitioning to become enrolled in a Medicare or Medicaid program.

Patient / Partner

_____ (initial) I/we acknowledge that, if during treatment with Dr. Chin, I/we become enrolled in a Medicare or Medicaid program, it is my/our responsibility to inform Dr. Chin or his staff of this change.

By signing this document, I/we acknowledge that we have been informed in writing and verbally that Dr. Chin IS NOT a Medicare or Medicaid provider and CANNOT provide medical services to individuals enrolled in a Medicare or Medicaid program.

Signature/ Date

Signature/Date

Female Patient Name (please print)

Husband/ Partner Name (please print)

Witness Signature

Date