

**OB-GYN ASSOCIATES
699 CHURCH STREET
SUITE 300
MARIETTA, GEORGIA 30060**

To Our Patients with Medicaid Benefits:

Every Medicaid patient has to choose a Care Managed Organization (CMO) with Medicaid. There are 3 CMO's – Amerigroup, Wellcare and Peach State Health Plan. A CMO must be selected within the first 60 days of your coverage or Medicaid will automatically assign you to one of the three CMO's.

Please call Georgia Healthy Families at (888) 423-6765 and request the CMO of your choice. A postcard will be mailed to you with your CMO Identification number. Please bring that card to your next appointment.

Also, do not choose us as your Primary Care Physician (PCP) as we are a specialty physician group.

If you have any questions, please feel free to contact me at (770)422-8700, extension 4119, or by email at snorman@ogamarietta.com.

We wish you a healthy pregnancy!

Sue Norman, CPC
OB Coordinator

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TO OUR PATIENTS WITH MEDICAID COVERAGE

This communication is to notify you that our group considers Georgia Health Partnership (Medicaid) and its contracted CMO plans (Amerigroup, Wellcare, and Peach State Health plans) to be a choice of last resort for payment of your obstetrical care. Any primary insurance carrier (i.e. Aetna, Blue Cross, United Healthcare, etc.) must be billed first according to the laws of this State, even if that coverage does not include maternity benefits.

If you knowingly do not inform Medicaid and us that you have another health insurance policy, you are committing insurance fraud. This is an illegal act that is prosecutable by law. If you have another insurance plan at this time or at any time during your pregnancy, you are required to provide us with that information.

If Medicaid pays your claims and then later demands their payment back due to another policy being the primary coverage at the date of service, you will be responsible for remitting to us the balance in full. If immediate full payment is not received, we reserve the right to commence prosecution as dictated by State law.

Please choose an option and sign below to acknowledge receipt of this notice.

- I, _____, do not have any other medical insurance coverage other than Georgia Medicaid or a contracted CMO.
- I, _____, do have other insurance and would like to provide it to you at this time.

Signed: _____

Date: _____