

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

To our patients with Medicaid benefits,

**(1)---** Your Medicaid eligibility **MUST show that you are approved for pregnancy as soon as possible**. This is your responsibility to get this in place through Medicaid and should be handled at the start of your care with us. Emergency Medicaid applied for at the hospital at the time of delivery is **not accepted** at our practice, as it will not cover our charges!

**(2)---** Every Medicaid patient has to choose a CMO plan with Medicaid. Please do this within the first 60 days of your coverage. The 3 plans that are offered with Medicaid are Amerigroup, Peachstate, and CareSource. **You can choose any of these plans**. You can call Georgia Healthy Families at 888/423-6765 to pick your plan. Bring your CMO card to our office once received.

**(3)---** Also, do not choose us as your PCP, as we are a specialty physician group.

Please feel free to contact me at 770/422-8700, extension 4119, or by email at [snorman@awhg.org](mailto:snorman@awhg.org).

We wish you a healthy pregnancy!

Sue Norman, CPC

OB Coordinator

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MARIETTA, GA 30060**

**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: \_\_\_\_\_