



**McKinley**  
Orthopedic & Sports Medicine

### **MEDICAID COPAY POLICY**

As a practice, we have chosen to provide services for our Medicaid community. We have a signed contract with Medicaid to provide services to eligible recipients at a discounted rate. As a contracted provider, we are required to collect the \$3.00 copay at the time services are provided.

I understand that I am responsible for payment of the \$3.00 copay at my appointment prior to services being rendered. If I am unable to pay my copay, the appointment may be rescheduled. If I have a procedure at the hospital or surgery center, I understand that I will be billed for my copay and payment is due upon receipt of statement or next office visit, whichever occurs first.

Patient: \_\_\_\_\_  
Printed Name

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_