



12201 Renfert Way Suite 325, Austin, Texas 78758

Phone (512)836-2536 Fax (512)284-8063

***** MEDICAID RECIPIENTS *****

Name: _____ Acct#: _____

As a Medicaid recipient you are required to provide your Medicaid Insurance Card at your first visit. If you do not receive your card prior to your visit, Texas Department of Human Services will provide a temporary form.

You will be rescheduled if your policy is not showing ACTIVE when you check-in.

It is your responsibility to provide ALL insurance information even if our office is not contracted or the insurance will not cover the services, regardless of policyholder. EXAMPLE: self, mother, father, step-parents, husband, etc.

It is fraudulent to withhold other insurance information. Your care may be terminated if you do so.

You will need to choose SENDERO or BCBS as your policy with Medicaid. We **do not** accept other Medicaid contracts.

It is your responsibility to make the necessary calls to the state to update and correct all information. Name, DOB, Address Changes; contact your local TDHS/HHSC Caseworker at #211 or #877-541-7905.

Please sign below that you understand your responsibilities as a Medicaid recipient with Capital ob/gyn.

Signature: _____ Date: _____