

SACRAMENTO COLON & RECTAL SURGERY MEDICAL GROUP, INC.
Patient Acknowledgment of Non-Acceptance of Medi-Cal Insurance

Our office would like to make sure you clearly understand our insurance policy before receiving care.

- **SCRS does not accept Medi-Cal insurance of any kind.**
- If you are currently enrolled in Medi-Cal, you must seek medical care from a physician or medical group that is contracted and or accepting Medi-Cal insurance.
- If you obtain Medi-Cal coverage now or in the future (including retroactive coverage), you will need to transition your care to a Medi-Cal-participating provider.
- It is your responsibility to disclose to us if you become eligible or enroll in Medi-Cal.
- If you do not present any of your Medi-Cal information at any of your appointments, you are committing insurance fraud.

By signing below, you acknowledge that you understand our policy and agree that:

1. You confirm that you have accurately disclosed all current insurance coverage.
2. You understand that Medi-Cal coverage cannot be used for any services received at this office.

Patient Acknowledgment

I, _____, have read and understand the above policy regarding Medi-Cal insurance. I agree to be responsible for all charges incurred for services provided by Sacramento Colon & Rectal Surgery.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____