

## The Internal Medicine and Pediatric Clinic of New Albany's Circumcision Policy

I, the undersigned, understand that it is my responsibility to contact my insurance carrier before the circumcision is performed on my child to see if it is a covered service and at what rate it will be paid. (For example...Will a deductible be applied? Is it covered at 100%, 90% or 80% after the deductible is met?)

I understand and agree that whatever part of the circumcision is not paid by my insurance carrier, I am financially responsible for the balance.

**Medicaid does not pay for circumcisions.** This is an elective non covered service that The Internal Medicine and Pediatric Clinic of New Albany will not file to Medicaid. If your child is a Medicaid beneficiary with no other insurance that covers circumcisions you will owe \$150.00 for the circumcision. This fee must be paid before services will be rendered.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_