



MATERNITY CARE PROGRAM

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PROGRAM RELEASE FORM

For patients with Medicaid Maternity benefits and private insurance

All providers of care must use the private insurance as primary and Medicaid benefits as secondary **AND** must follow all policies and procedures under the Medicaid Maternity Care Program. Patients may not use their insurance benefits to pay a provider and use their Medicaid benefits to pay another provider (hospital, etc.). Likewise, patients who are self-pay to one provider may not use their Medicaid benefits for any other provider.

I, _____, have had the Medicaid Maternity Care Program explained to me and I choose not to use my Medicaid. I understand that I will be responsible for all bills to providers, hospitals, labs, ultrasound providers, and any other cost related to my pregnancy.

Signature _____
Medicaid Beneficiary

Signature _____
Care Coordinator

Date _____

**This form is to be used for Medicaid Beneficiaries who have insurance and choose not to participate in the Maternity Care Program due to their insurance or self-pay status at a Medical provider from whom they choose to received their maternity care.*