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Tax ID # 54-2129332 NPI: 1295836641

**NOTICE OF NON-MEDICAID PROVIDER AND ACKNOWLEDGEMENT  
OF PATIENT FINANCIAL RESPONSIBILITY FOR NON-COVERED SERVICES**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**NON-MEDICAID PROVIDER NOTICE**

Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness and any physicians employed by or associated therewith are not Medicaid providers and do not submit claims for reimbursement to Medicaid. If, after becoming an established patient at our office, you subsequently become covered by Medicaid, you are hereby advised that any services that you receive from Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness while you are covered by Medicaid will not be billed to, or paid by Medicaid as Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness is not participating provider in Medicaid. Therefore, any non-covered services provided to you by Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness will be billed to you directly and it will be your responsibility to remit payment in full for said services.

**ACKNOWLEDGMENT OF PATIENT FINANCIAL RESPONSIBILITY FOR NON-COVERED SERVICES**

By signing this acknowledgment, you hereby agree that you will be solely responsible for payment in full for any services you receive while covered by Medicaid, and that claims for such services will not be submitted to Medicaid as Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness is not a participating provider under Medicaid and will look to you directly for payment for services rendered. You further acknowledge and agree that you have been made aware that services provided by Delisa Skeete Henry, MD, LLC d/b/a Serene Health OBGYN & Wellness will not be covered by Medicaid and that you will bear full financial responsibility for the full cost of such services rendered to you.

**DISCHARGE FROM PRACTICE**

If you choose to accept Medicaid as your insurance coverage, according to your plan you are required to select a provider within the Medicaid network. Unfortunately, we **are not** credentialed with the Medicaid program, therefore we are required to withdraw from further professional attendance. Since your condition requires continued medical attention, it will be important that you place yourself under the care of another physician without delay.

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Patient Signature

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Date