

**NOTICE OF NON-PARTICIPATION WITH
ANY MEDICAID PROGRAMS**

The providers of Four Seasons Dermatology, LLC, do not participate with any Medicaid programs. Therefore, all services (includes prescriptions) rendered will NOT be submitted to any Medicaid insurance. If the patient and/or beneficiary wish to receive services from any of the providers at Four Seasons Dermatology, he/she must accept full financial responsibility for these service(s).

Patient Name: _____

Date: _____