



I _____, understand Crossroads Medical Group, PLLC does not take TennCare or any Medicaid policies. In signing this document, I attest, I do not have TennCare or Medicaid. I also understand if at any time I acquire one of these policies, I must disclose this information to Crossroads Medical Group, PLLC before my next office appointment. I understand if I have coverage under either plan and do not disclose this information, my actions will be considered fraudulent and I will be discharged from the practice.

Signature

Date