



MEDICAID/ILLINOIS PUBLIC AID POLICY (12 and under)

I, _____, understand that Calhoun Consultants is not accepting Medicaid/Illinois Public Aid Insurance for **primary or secondary** insurance. If Medicaid/Illinois Public Aid insurance is needed, I understand that I will be accepted as a cash patient and agree to pay my account in full at time of service** at the Calhoun Consultants locations until Medicaid/Illinois Public Aid insurance is obtained.

*** In the event that services are not paid in full and we must pursue legal action, all attorneys' fees, court costs and filing fees will be the responsibility of the patient/guarantor.*

Signature of Patient (or Legal Guardian)

Date

Witness (Calhoun Consultants Staff Member)

Date

