

# INSURANCE COMPANY NON-PARTICIPATION ACKNOWLEDGEMENT

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_

Patient: \_\_\_\_\_

I acknowledge that I have been informed by OB/GYN Professionals that they are not providers of the insurance companies listed below.

## PLEASE NOTE THAT WE DO NOT PARTICIPATE IN THE FOLLOWING INSURANCE PLANS

Windsor Medicare  
Humana Gold  
United HealthCare Medicare Complete  
Blue Care – TnCare  
Blue Advantage Medicare  
Blue Cross Cover TN – The initial group  
Cariten Senior Health  
United Health Community plan  
Sterling  
Americhoice – TnCare  
Security Choice  
Unicare – Medicare

If you are covered by one of these plans please call our office immediately.

Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_