

MATTHEW D. BARROWS, M.D.
Dermatology and Skin Cancer Surgery Center
Phone: (972) 390-9002
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DATE: _____

MEDICAID RELEASE FORM

This form is to inform you that Dr. Matthew D. Barrows is **NOT** a Medicaid provider. We will not file Medicaid and will not receive payment from Medicaid. If you have Medicare and they file with Medicaid we still will not receive payment.

You are responsible for any co-pay or percentage payments required from your primary insurance on the day of your visit. Should any payment received by you result in NSF will apply a \$25.00 fee to the current balance. Should any outstanding balance be referred to collections we will apply a \$20.00 fee to the balance owed.

Patient Signature: _____

Staff Member Signature: _____

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Mckinney, TX 75071

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Allen, TX 75013

1020 W. Ralph Hall Pkwy, Suite 102
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