

Rochester Endocrinology & Diabetes Center

135 Barclay Circle, Suite 104, Rochester Hills, MI 48307

Medicaid Waiver Letter

I, _____, have been informed that Dr. Bijlani's/Dr. Verma's office **does not** participate with Medicaid. If my primary insurance is billed for services provided and there is a balance due, I understand and agree that I will be fully responsible for those services.

Signature: _____

Date: _____