



107 N Maclay Ave, San Fernando, CA 91340
Tel: (818) 697-8585 Fax: (888) 799-8585

Medicaid Private Pay Agreement

I understand that DR. Ali Anari and/or any other physician or health care provider working for Ali Anari MD, inc DBA Pediatrics & Urgent Care is accepting me as a private-pay patient for the period of one year, and I will be responsible for paying for any services I receive from Pediatrics & Urgent Care.

The physicians and other providers above will NOT file a claim to Medicaid for services provided for me, and Medicaid will NOT reimburse me for these services.

Patient's name: _____

Signature: _____ [Patient or, if minor, parent/guardian]

Date: _____