Lansing Pediatric Associates
Caring through the Years

Laurie W. Hult, M.D., F.A.A.P.
Joshua K. Takagishi, M.D., F.A.A.P.
Camy C. Chapin, M.D., F.A.A.P.
Sarah D. Loznak, D.O., F.A.A.P.
Andria L. Amendt, M.D., F.A.A.P.
Stephanie A. Klein, M.D., F.A.A.P.
Stephanie V. Vanderstelt, D.O., F.A.A.P.
Kayla L. Acre, D.O., F.A.A.P.
Theresa P. Holmgren, R.N., CPNP
Stefanie Nassar, P.A.-C.
Sarah A. Cardenas, FNP-C

NEWBORN / NEW PATIENT MEDICAID AGREEMENT

Today's Date: _____

_____ _____
Child's Name Date of Birth

* I understand that Lansing Pediatric Associates is Not accepting new patients with Medicaid. I am waiving my right to use Medicaid at Lansing Pediatrics and accept responsibility for payment of all services. I understand if I present a Medicaid insurance I will need to find a new physician within 30 days from today _____.
Date

_____ _____
Parent or Legal Guardian Signature Relationship to Patient

_____ _____
Witness Date

Mgr share/forms/2024/newborn-new patient medicaid

2414 Lake Lansing Road • Lansing, Michigan 48912 • (517) 371-4712 • FAX (517) 371-3116