

code: GF002

Medicare Patient Private Physician Contract

Date

This agreement, entered into the date above, is between (**Physician Name/Practice**), whose business address is (**Address**) and patient named:

First Name

Middle Initial

Last Name

Date of Birth

Who Resides At:

Patient Address Line 1

Patient Address Line 2

City

State

Zip

and is a Medicare Part B beneficiary or eligible, seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Patient that Physician decided to opt-out of the Medicare program **effective on June 1, 2016** and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide the following medical services to Patient ("Services"): general medical care including but not limited to physicals, chronic and acute disease management, delivery attendance and minor skin surgery or wound care. In exchange for Services, the Patient agrees to make payment directly to Physician.

Patient also agrees, understands and expressly acknowledges the following:

Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services for payment, even if covered by Medicare Part B.

Initials

Patient is not currently in an emergency or urgent health care situation.

Initials

Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.

Initials

Patient acknowledges that secondary or supplemental plans may not provide payment or reimbursement for the Services because payment is not made under the Medicare program.

Initials

Patient acknowledges that patient has a right, as a Medicare beneficiary, to obtain Medicare covered items/services from physicians and practitioners who have not opted-out of Medicare, and that patient is not compelled to enter into private contracts that apply to other Medicare covered services furnished by other physicians or practitioners who have not opted-out.

Initials

Patient agrees to be responsible to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.

Initials

Patient understands that Medicare payment will not be made for any items or services furnished by the Physician that may have otherwise been covered by Medicare if there were no private contract.

Initials

Patient acknowledges that a copy of this contract has been made available.

Initials

Patient agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his/her beneficiaries.

Initials

Executed by Patient or if Patient's
Representative

Patient signature (or patient representative)

A large, empty rectangular box with a thin black border, intended for a patient signature or representative signature.