

MEDICARE PRIVATE CONTRACT AGREEMENT
MEDICARE BENEFICIARIES

I, _____, am eligible for Medicare benefits. In consideration of my choice to see _____ (“Practitioner”), I choose and hereby agree to forego reimbursement from the Medicare program for any items or services incurred in Practitioner’s treatment of me. I understand, and it has been satisfactorily explained to me, that any medical services provided for me by Practitioner will not be covered by Medicare, even if these services would be covered should I obtain them from another physician. I agree and acknowledge that I will be responsible for payment of any charges for items or services, including laboratory, incurred in my visits to Practitioner. I understand that any secondary insurance I have may decide not to pay for services that could have been covered by a physician eligible to receive Medicare payments. I understand that Practitioner has not been excluded from the Medicare program and remains in good-standing, but has voluntarily chosen to withdraw in favor of privately contracting for his services.

Specifically, I agree to the following:

- 1) I agree not to submit any claim for reimbursement under Medicare for any items or services even if such items or services are otherwise covered by Medicare;
- 2) I agree that I will not request or require Practitioner to submit a claim, even if I believe that a formal denial from Medicare for a particular service might allow me to receive coverage from a secondary policy;
- 3) I agree to be responsible, whether through insurance or otherwise, for payment of such items or services billed by Practitioner. I understand that no reimbursement will be provided from Medicare for such items or services provided by Practitioner;
- 4) I understand and acknowledge that the amount of Practitioner’s bills for his services are not subject to any limiting fees (including the limits under §1848(g)), and that Practitioner may charge any amount for the items or services he/she supplies;
- 5) I understand and acknowledge that Medicare plans do not, and other supplemental insurance plans may elect not to, make payments for such items and services because Medicare payments are not made;
- 6) I understand and acknowledge that I have the right to have such items or services provided by other physicians or practitioners for whom Medicare payment might be made should it be determined that these services are covered and not excluded;
- 7) I hereby certify that this contract was not entered into at a time when I am facing an emergency or urgent health care situation.

Date: _____

Practitioner’s Signature

Patient Signature

Witness Signature

Patient Name Printed

Witness Name Printed

As legal guardian for the above-named patient, I understand and agree to the foregoing:

Guardian Signature

Guardian Name Printed