

Dr. Stephen E. Fry M.D., P.C.
Private contract for Medicare Beneficiaries

(For services provided by physicians who have opted out of Medicare)

This agreement is between Dr. Stephen E. Fry whose principal place of business is 15720 N. Greenway-Hayden loop #3, and patient _____ (“Patient”), who resides _____ and is a Medicare Part B beneficiary 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 has opted out of the 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 (“the services”):

_____ Office Visit

_____ Other: (please describe) _____

In exchange for the Services, the Patient agrees to make payments to Physician pursuant to the Attached Fee Schedule. Patient also agrees, understands and expressly acknowledges the following:

Initial:

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

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

_____ Patient acknowledges that neither Medicare’s fee limitations or any other Medicare reimbursement regulations apply to charges for the Services.

_____ Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.

_____ Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.

_____ Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the 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.

_____ Patient agrees to be responsible, whether through insurance or otherwise, 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.

_____ Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

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

_____ Patient agrees to reimburse Physician for any costs and reasonable attorneys’ fees that result from violation of this agreement by Patient or his beneficiaries.

Executed on _____ by _____ and _____
(date) (Patient Name) (Physician Name)

(Patient Signature)

(Physician Signature)