

Medicare Contract

MEDICARE PRIVATE CONTRACT IN COMPLIANCE WITH 42 U.S.c. §1395A; 42 C.F.R. §405, SUBPART D

This Private Contract (this "Contract") is entered into by and between the undersigned physician (the "physician"), whose principal medical office is located at 6 Elm Avenue, Suite 100., Colorado Springs, CO 80906, and the undersigned patient (the "beneficiary").

Physician Obligations

The physician acknowledges that she is excluded from Medicare under sections 1128, 1156, 1892, or any other section of the Social Security Act.

The physician acknowledges that this contract shall not be entered into with the beneficiary, or the beneficiary's legal representative, during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. §405.440.

The physician acknowledges that she must retain this contract (with original signatures) for the duration of the opt-out period, and that it shall be made available to the Centers for Medicare and Medicaid Services ("CMS") upon request.

The physician shall provide a copy of this Contract to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this Contract.

The physician acknowledges that she must enter into a contract for each opt-out period.

Beneficiary Obligations

The beneficiary, or his or her legal representative, accepts full responsibility for payment of the physician's charge for all services furnished by the physician.

The beneficiary, or his or her legal representative, understands that no payment will be provided by Medicare for items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

The beneficiary, or his or her legal representative, understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.

The beneficiary, or his or her legal representative, agrees not to submit a claim, or ask the physician to submit a claim, to Medicare for Medicare items or services, even if such items or services are otherwise covered by Medicare.

The beneficiary, or his or her legal representative, has entered into this Contract with the knowledge that he or she has the right to obtain Medicare-covered items and services

from physicians and practitioners who have not opted-out of Medicare and for whom payment would be made by Medicare for their covered services, and that the beneficiary has not been compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

The beneficiary acknowledges and agrees that this Contract contains sufficiently large print to ensure that the beneficiary is able to read this Contract.

The beneficiary, or his or her legal representative, understands that Medigap plans do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

The beneficiary, or his or her legal representative, understands that this Contract shall not be entered into with the physician during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. §405.440.

The beneficiary, or his or her legal representative, acknowledges that a copy of this Contract has been provided to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this Contract.

The beneficiary, or his or her legal representative, acknowledges that, during the opt-out period, a Medicare Advantage plan may not by law make any payments to the physician for any Medicare items and services furnished to the beneficiary under this Contract.

Beneficiary (Patient)

Physician

(Patient Signature)

(Signature)

(Patient Print Name)

(Print Name)

Effective Date _____
(Date Signed)

Effective Date _____
(Date Signed)

Patient Phone: _____

Phone: 719-576-7006

Fax: 719-576-7981

Patient Address:

Provider Address:
6 Elm Avenue, Suite 100
Colorado Springs, CO 80906