

MEDICARE PRIVATE CONTRACT

Keith Swan, D.O. and Sharon A. Stanley, D.O. have opted out of the Medicare System, including Medicaid. The patient must sign this contract in order to receive services from either doctor.

The patient agrees, understands and expressly acknowledges the following:

- The patient agrees not to submit a claim (or to request the physicians submit a claim) to the Medicare program, 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 nor any other Medicare reimbursement regulations apply to charges for the services.
- Patient acknowledges that Medigap 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 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 opted out.
- Patient agrees to be responsible, whether through alternate insurance or otherwise, to make payment in full for the services, and acknowledges that the physicians 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 services furnished by the physicians 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/her.
- Patient agrees to reimburse the physicians for any costs and reasonable attorney fees that result from violation of this agreement by the patient or his/her beneficiaries.

PATIENT'S NAME (PRINTED)

PATIENT'S SIGNATURE

DATE

KEITH C. SWAN, D.O.

PHYSICIAN'S NAME (PRINTED)

PHYSICIAN'S SIGNATURE

SHARON A. STANLEY, D.O.

PHYSICIAN'S NAME (PRINTED)

PHYSICIAN'S SIGNATURE