

Medicare Opt-Out Contract

Even though you, the patient, and I, the physician, are entering into a private agreement outside of Medicare, because I have opted out of Medicare, Medicare REQUIRES your agreement to the following terms MEDICARE HAS SPECIFIED, before we can proceed. This Contract protects Medicare from payment responsibility for services you receive directly from me. If requested by Medicare, this Contract will be provided to resolve any misunderstanding and clarify our intent. This Contract must be signed before I can see you as a patient. Please review the following and sign this Contract to confirm your acceptance of the terms of this Contract.

The undersigned patient/Medicare beneficiary (or the Medicare beneficiary's legal representative) (either is referred to as "Medicare Beneficiary") is signing this Private Contract to evidence his or her understanding and agreement regarding payment for any services to be provided by Maria Coffman DO ("Physician"). Physician's practice entity is known as Hands On Health, M. Katsaros, D.O., LLC.

Physician hereby certifies that Physician is not and has not been excluded from participation in the Medicare program under section 1128 or other applicable sections of the Social Security Act.

Physician further certifies that the effective date of Physician's opt-out is **January 1, 2016**.

By executing this Private Contract, Medicare Beneficiary acknowledges and agrees as follows with respect to all items or services provided by Physician to Medicare beneficiary:

1. That Medicare Beneficiary will not submit a claim, or request Physician to submit a claim, for payment under Medicare, even if such items or services would otherwise be covered under Medicare.
2. That Medicare Beneficiary agrees to accept full responsibility for payment in full at the time of service, in accordance with Physician's current fee schedule (see over), whether Medicare Beneficiary is reimbursed through private insurance or otherwise, for payment for all such items or services.
3. Medicare Beneficiary understands that NO reimbursement can or will be provided by Medicare for such items or services provided by Physician.
4. That Physician is not limited by Medicare in the amount that he or she may charge Medicare Beneficiary for the items or services provided, and that Medicare Beneficiary will pay Physician's charges in full at time of service.
5. That Medigap plans do not make payment and other Medicare supplemental insurance plans may choose not to make payment, for items or services furnished by Physician.
6. That Medicare Beneficiary has the right to have the items or services sought from Physician to be provided by other physicians or practitioners whose items or services would be covered by Medicare.
7. That Medicare Beneficiary is not in an emergency or urgent health care situation.
8. That Medicare Beneficiary agrees to reimburse Physician for any costs, collection fees, and reasonable attorney's fees that result from violation of this Contract by Medicare Beneficiary.
9. That Medicare Beneficiary acknowledges a copy of this Contract has been provided to Medicare Beneficiary.
10. That Medicare Beneficiary signs this Private Contract voluntarily and upon full understanding of its terms.

Patient/Medicare Beneficiary (or Legal Representative):

X _____ Dated _____.

If Representative, Print Name and Relationship: _____

Physician:

_____ Dated _____.

Maria Coffman DO