

## Private Contract - Provider Opt Out Medicare

The Lee Clinic, LLC  
2228 Papermill Road, Suite I  
Winchester, VA 22601

William M Lee MD

Megan H Lee, DO

Beneficiary Name \_\_\_\_\_

Legal Representative (if applicable) \_\_\_\_\_

Beneficiary Medicare number \_\_\_\_\_

This private contract agreement is between the physician and the beneficiary noted above. The beneficiary is a Medicare Part B beneficiary and is seeking services covered under Medicare Part B. The physician marked above has informed the beneficiary or his/her legal representative they have opted out of the Medicare Program. The physician noted above is not excluded from participating in Medicare Part B under §§1128, 1156 or 1892 of the Act.

The beneficiary or his/her legal representative has read and agree to the following terms of the private contract by placing their initials by the items below.

\_\_\_\_\_ I, or my legal representative, accept full responsibility for payment of the physician's or practitioner's charge for all services furnished by this physician/ practitioner;

\_\_\_\_\_ I, or my legal representative, understands that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner;

\_\_\_\_\_ I, or my legal representative, agree not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare;

\_\_\_\_\_ I, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted;

\_\_\_\_\_ I, or my legal representative, enter into the contract with the knowledge that the beneficiary has the right to obtain Medicare- covered items and services from physicians and practitioners who have not opted out of Medicare, and that the beneficiary is not compelled to enter private contracts that apply to other Medicare covered services furnished by other physicians or practitioners who have not opted out;

\_\_\_\_\_ I, or my legal representative, understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare;

\_\_\_\_\_ I, or my legal representative, agree this contract was not entered into during a time when the beneficiary required emergency care services or urgent care services.

\_\_\_\_\_  
Beneficiary or Legal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date