



## FORM-8: Medicare Private Contract

This Medicare Private Contract is entered into by and between the below named patient and <sup>[SEP]</sup>Dr. Gary Huber, Dr. Anthony Bianco and Chelsea Dorsett, R.D., L.D. as of the date set forth below. Physician has opted-out of Medicare, but is not excluded from participation under Medicare. By signing this Agreement you the patient:

- Acknowledges that Medicare will not pay for the services provided to Patient by Physician <sup>[SEP]</sup>.
- Agrees not to submit a claim, or to request that Physician submit a claim, to Medicare for the services provided to Patient by Physician <sup>[SEP]</sup>.
- Agrees to be fully responsible for paying for all services provided to Patient by Physician <sup>[SEP]</sup>.
- Agrees that Medicare's "balance billing" and other limitations do not apply to the services provided to Patient by Physician <sup>[SEP]</sup>.
- Acknowledges that Medigap does not, and other supplemental health insurance plans may not, pay for the services provided to Patient provided by Physician because such services will not be reimbursed by Medicare <sup>[SEP]</sup>.
- Acknowledges that Patient has a right to seek services from physicians who accept Medicare <sup>[SEP]</sup>.
- Acknowledges that this Agreement was executed before Physician provided any services to Patient.
- Acknowledges that Patient is not facing an urgent or emergency health care situation <sup>[SEP]</sup>.
- Acknowledges that a copy of this Contract has been made available to him or her.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ <sup>[SEP]</sup>