



# Private Contract – Medicare Opt-Out

I, Richard Edgerly, MD, have not been excluded from Medicare under [1128] §§1128, [1156] 1156 or [1892] 1892 of the Social Security Act.

I, the Medicare beneficiary or my legal representative accept full responsibility for payment of charges for all services furnished by Assurance Healthcare & Counseling Center and Richard Edgerly, MD.

I, the Medicare beneficiary or my legal representative understand that Medicare limits do not apply to what Assurance Healthcare & Counseling Center and Richard Edgerly, MD may charge for items or services furnished.

I, the Medicare beneficiary or my legal representative agree not to submit a claim to Medicare or to ask Assurance Healthcare & Counseling Center or Richard Edgerly, MD to submit a claim to Medicare.

I, the Medicare beneficiary or my legal representative understand that Medicare payment will not be made for any items or services furnished by Assurance Healthcare & Counseling Center or Richard Edgerly, MD that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

I, the Medicare beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and that the I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

I, the Medicare beneficiary 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.

This contract cannot be entered in to by myself, the Medicare beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with §3044.28 of the Medicare Carriers Manual)

I, the Medicare beneficiary or my legal representative may request a copy (a photocopy is permissible) of this contract at any time.

- I, Richard Edgerly, MD will retain the original contract (original signatures of both parties are required) for the period in which you remain a patient with AHCC.
- I, Richard Edgerly, MD will supply CMS with a copy of this contract upon request.
- I, Richard Edgerly, MD understand that the current private contract remains in effect indefinitely.

\_\_\_\_\_  
Richard Edgerly, MD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Legal Representative Printed Name