

## **Mandatory Annual Medicare Private Contract**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This is a private contract between the patient and their physician: Norton Fishman, MD; Roseanne Rotunda, DO; Hormaira Behsudi, MD; or Sue Williams, ND (Optimal Health Physicians); as required by Medicare law.

**Norton L. Fishman, MD, and the doctors of Optimal Health Physicians, as required by law have chosen to “opt-out” of the Medicare Program and have therefore agreed to not submit claims to the Medicare Program.** You, the patient, and/or your legal representatives, also may not submit or be reimbursed by Medicare for any charges from this office.

- You and/or your legal representatives agree not to submit claims (or to request Optimal Health Physicians to submit claims) under the Medicare program for items and services provided by this practice, even if such items and services are otherwise covered under Medicare.
- You and/or your legal representatives accept full responsibility for payment of items and services rendered by Dr. Fishman and his associated practitioners, and understand that no reimbursement will be provided by the Medicare program for such items or services.
- You and/or your legal representatives understand that Medicare payment will not be made for any items or services furnished by Dr. Fishman or his practitioners that would have otherwise been covered by Medicare if there were no private contract, and a proper Medicare claim had been submitted
- You and/or your legal representatives acknowledge that Medigap plans may elect to **not** make payments for items and services not paid by Medicare. Other supplementary insurance plans may also elect to not make payments for items and services not covered by Medicare.
- You and/or your legal representatives acknowledge you have the right to obtain Medicare-covered items and services from physicians/practitioners who have not opted out of Medicare, and are 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.

The effective date of the current opt-out period commences April 1<sup>st</sup> 2016, and will continue in perpetuity unless rescinded by Optimal Health Physicians. In this instance, our patients will be notified.

I certify that I have not entered into this contract during a time when I required emergency care or emergency services and a copy of this contract was provided to me and/or my legal representative before services and items were rendered under the terms of this contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If signed by a person other than patient, state the relationship to patient:

Parent     Legal guardian     Medical power of attorney

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_