

MEDICARE BENEFICIARY ACKNOWLEDGEMENT

IF YOU ARE A MEDICARE BENEFICIARY, YOU MUST READ AND SIGN THIS FORM FOR YOUR CONCIERGE PATIENT MEDICINE AGREEMENT TO BE VALID

Your Physician has not been excluded from participation in the Medicare program. However, Your Physician has voluntarily opted out of participation in the Medicare program. Your Physician's decision not to participate in the Medicare program affects you in the following ways:

1. Your Physician cannot bill Medicare for any items or services provided to You, and You cannot submit a claim to Medicare for any items or services provided to You. You are solely, financially responsible for all items and services provided to You by Your Physician. **By signing this form, You agree that you will not submit a claim to Medicare or ask Your Physician or the Practice to submit a claim to Medicare for reimbursement of any items or services provided to You by Your Physician.**
2. The reimbursement rates set by Medicare are not applicable to any items or services provided to You by Your Physician, and **Medicare limits do not apply to what Your Physician may charge for items and services you receive.**
3. **Medicare will not pay for any items or services provided to You by Your Physician even if those items or Services would have otherwise been covered** by Medicare if You had not entered into this Agreement and a proper Medicare claim had been submitted.
4. You have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and by signing this form, You acknowledge and agree that You are not being compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.
5. Your Physician has opted out of the Medicare program, effective 4-1-16.
6. Medigap does not make payment for items or services that are not paid for by Medicare. Other supplemental plans may elect not to cover items and services not paid for by Medicare as well. Consequently, the items and services provided to You by Your Physician will not be covered by Medigap and may not be covered by other supplemental plans.
7. You cannot be asked and should not enter into this Agreement if You are in need of emergency or urgent care. By signing this form, You acknowledge that You are not in need of emergency or urgent care at this time.
8. You have a right to a copy of this Agreement, and Your Physician or the Practice should provide You with a copy of this Agreement. If You do not receive a copy

or if You would like a duplicate copy, please ask Your Physician or an employee of the Practice.

I have read, and I understand, this form. I understand how entering into this Agreement will affect my rights as a Medicare Beneficiary, and I agree to abide by the conditions placed upon me as above explained.

Patient/Legal Representative Signature

Date: _____

Print PatientName

Print Legal Representative Name

Relationship to Patient

Dee H. Carter, M.D.

Date: _____