

Medicare Private Pay Agreement for Simple Traditions Family Health PLLC

For services with Pamela Johnson MD

This agreement is between Dr. Pamela Johnson MD ("Physician"), whose principal place of business is 827 S Magnolia Blvd Suite 6, Magnolia, TX 77355, and who is doing business as Simple Traditions Family Health PLLC, and patient, _____ ("Patient"), who resides at, _____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Patient that Physician has opted out of the Medicare program effective on May 30th, 2017 for a period of at least two years and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide the following medical services to Patient (the "Services"): Routine, outpatient, primary medical care including but not limited to:

- Office Visits and Nurse Visits for acute and chronic medical problems
- Wellness Exams and other preventive care
- Minor skin procedures
- Labs, Vaccines, and Injectable Medications

In exchange for the Services, the Patient agrees to make payments to Physician (specifically to Simple Traditions Family Health PLLC). Patient also agrees, understands, and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare and that the Patient is 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.
- **Patient agrees to be responsible to make payment in full for the Services and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.**
- Patient understands that Medicare payment will not be made for any items or services furnished by the Physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

Patient acknowledges that a copy of this contract has been made available to him.

Executed on _____ By

[Patient name]

and

Dr. Pamela Johnson MD
[Physician name]

[Patient signature]