

## **Medicare Private Contract**

This agreement is entered into by and between

**George J. Juetersonke DO PC,**

(hereinafter called " Practitioner"), whose principal medical office is located at  
3525 American Drive Colorado Springs CO 80917

and

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(a beneficiary enrolled in Medicare Part B, hereinafter called "Beneficiary"), who resides at

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### **A. Background**

A change in the Social Security Act, effective January 1, 1998, permits Medicare beneficiaries and Practitioners to contract privately outside of the Medicare program. Under the law as it existed prior to January 1, 1998, a Practitioner was not permitted to charge a beneficiary more than a certain percentage in excess of the Medicare fee schedule amount (limiting charge). The law now permits Practitioners and beneficiaries to enter into private arrangements through a written contract under which the Beneficiary may agree to pay the Practitioner more than that which would be paid under the Medicare program.

However, beneficiaries and Practitioners who take advantage of this provision are not permitted to submit claims or to expect payment for those services from Medicare. The Practitioner has certain other obligations, such as filing an affidavit with the appropriate Medicare carrier(s). The purpose of this contract is to permit the Beneficiary and the Practitioner to take advantage of this change in the Medicare law, and it sets forth the rights and obligations of each. Furthermore, this agreement is limited to the financial agreement between Practitioner and Beneficiary and is not intended to obligate either party to a specific course or duration of treatment.

### **B. Obligations of Practitioner**

1. Practitioner agrees to provide such treatment as may be mutually agreed upon by the parties and at mutually agreed upon fees.
2. Practitioner agrees **not to submit** any claims under the Medicare program for any items or services even if such items or services are otherwise covered by Medicare.
3. Practitioner acknowledges that (s)he will not execute this contract at a time when the Beneficiary is facing an emergency or urgent healthcare situation.
4. Practitioner agrees to provide the beneficiary or his/her legal representative with a copy of this document before items or services are furnished to the beneficiary under its terms.
5. Practitioner agrees to submit copies of this contract to the Health Care Financing Administration (HCFA) upon the request of HCFA.

### **C. Obligations of Beneficiary**

1. Beneficiary or his/her legal representative agrees to be fully responsible for payment of all items or services furnished by Practitioner and understands that **no** reimbursement will be provided under the Medicare program for such items or services.
2. Beneficiary or his/her legal representative acknowledges and understands that no limits under the Medicare program (including the limits under section 184B (g) of the Social Security Act) apply to amounts that may be charged by Practitioner for such items or services.
3. Beneficiary or his/her legal representative agrees **not to submit a claim to Medicare** and further agrees not to ask Practitioner to submit a claim to Medicare.

4. Beneficiary or his/her legal representative understands that Medicare payment will **not** be made for any items or services furnished by Practitioner that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.
5. Beneficiary or his/her legal representative enters into this contract with the knowledge and understanding that he/she has the right to obtain Medicare-covered items and services from Practitioners and practitioners who have not opted out of Medicare, and that the Beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other Practitioners or practitioners who have not opted out of Medicare.
6. Beneficiary or his/her legal representative understands that Medigap plans (under section 1882 of the Social Security Act) do **NOT**, and other supplemental insurance plans may elect not to, make payments for such items and services not paid for by Medicare.
7. Beneficiary or his/her legal representative acknowledges that the Health Care Financing Administration (HCFA) has the right to obtain copies of this contract upon request.

**D. Practitioner Status**

Beneficiary or his/her legal representative further acknowledges his/her understanding that Practitioner has not been excluded from participation under the Medicare program under section 1128, 1156, 1892, or any other sections of the Social Security Act.

**E. Term and Termination**

This agreement shall become effective on **July 1<sup>st</sup> 2017** and shall continue in effect until such time that it is revoked. Despite the term of the agreement, either party may choose to terminate treatment with reasonable notice to the other party. Notwithstanding this right to terminate treatment, both Practitioner and Beneficiary or his/her legal representative agree that the obligation not to pursue Medicare reimbursement, for items and services provided under this contract, shall survive this contract.

**F. Successors and Assigns**

The parties agree that this agreement shall be fully binding on their heirs, successors, and assigns. The parties hereto intending to be legally bound by signing this agreement below have caused this agreement to be executed on the date written below.

**George J. Juetersonke DO PC**  
**Kim Brown RN MS NP-C**  
 Printed Names of Practitioners

<u>George J. Juetersonke DO,</u>	<u>Kim Brown RN MS NP-C</u>		
Signatures of Practitioners	Date	2017 July 1	

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Printed Name of Beneficiary or his/her Legal Representative

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Signature of Beneficiary or his/her Legal Representative Date Signed