

MEDICARE OPT-OUT PRIVATE PAYMENT CONTRACT

This agreement is between **Dr. Robert J. Klein, DO** (“Physician”) and _____ (“Patient”) who is a Medicare Part B beneficiary seeking services covered under Medicare Part B. The Physician has informed the Patient that Physician has opted out of the Medicare program effective **April 1, 2017 through March 31, 2019**, and is not excluded from participating in Medicare under the Social Security Act.

Physician agrees to provide the following medical services to Patient (“Services”):

Osteopathic Manipulative Treatment

In exchange for the Services, the Patient agrees to make payments to the Physician pursuant to the attached Fee Schedule. Patient also agrees, understands and acknowledges the following:

Please read and initial beside the following statements:

Patient agrees not to submit a claim, or to request that Physician submit a claim, to either Traditional Medicare or Medicare Advantage programs, even if Services are 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 regulations apply to charges for these Services.

Patient acknowledges that Medi-Gap plans will not provide payment for reimbursement because payment is not made under the Medicare program, and other supplemental insurance plans may also deny reimbursement.

Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered services from physicians who have not opted-out of Medicare, and that the Patient is not compelled to enter into this private contract.

Patient accepts full responsibility for payment of the Physician’s charges for all Services furnished by Physician.

Patient understands that Medicare payment will not be made for any Services furnished by Physician that would have otherwise been covered by Medicare if there were no private contract and a Medicare claim were submitted.

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

Patient understands that if he/she violates the terms of this contract, Patient will be dismissed from Physician’s care.

Patient Signature

Date

Physician Signature

Date

FEE SCHEDULE 2019:

Office Visit: Evaluation of New Patient	\$139.00
Evaluation of Established Patient	\$ 54.00
OMT (Osteopathic Manipulation)	\$ 98.00

An initial visit will include a charge for an Evaluation of a New Patient ***and*** a charge for OMT. Subsequent visits will include a charge for OMT only, as long as it is a continuation of care (no new injury) ***and*** you have been treated at least once in the last 12 months. In the event of new injury or if it has been 12 months or longer since your last treatment, there will be a charge for an Evaluation of an Established Patient in addition to the charge for OMT.