

Please fill out if you have Medicare Insurance



OPTIMAL HEALTH
MEDICAL CENTER

750 George Washington Way, Suite 5

Richland, WA 99354

This agreement is between Penney Stringer, MD, whose principal place of business is 750 George Washington Way, Suite 5, Richland, WA 99354 and the beneficiary/patient listed below:

Beneficiary Name: _____

Beneficiary Address: _____

Medicare ID# _____ (listed on Medicare ID card)

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 the Beneficiary or his/her legal representative that the physician has opted out of the Medicare program effective September 23, 2016 for a period of at least two years, to expire on September 23, 2018. This physician is not excluded from participating in Medicare Part B under (1128) 1128, (1156) 1156, or (1892) 1892 of the Social Security Act.

The Beneficiary or his/her legal representative, understands and expressly agrees and acknowledges the following:

Patient: (Please initial that you have read and understand)

_____ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician/s charges, and for all services furnished by the physician.

_____ Beneficiary and his/her legal representative understands Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.

_____ Beneficiary or his/her legal representative agrees: to not submit a claim to Medicare, or to ask the physician to submit a claim to Medicare for reimbursement.

_____ Beneficiary or his/her legal representative 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 was no private contract and a proper Medicare claim had been submitted.

_____ Beneficiary and his/her legal representative enters into this contract with the knowledge the he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the Beneficiary 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.

_____ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and other supplement5al plans may elect to, make payments for items not paid for by Medicare.

_____ Beneficiary or his/her legal representative acknowledges that the beneficiary is not in an emergency or urgent health care situation and that Dr. Stringer does not act as a primary care physician.

_____ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him/her.

Executed on:

(Date)

(Beneficiary or his/her legal representative signature)

And:

(Date)

(Penney Stringer, MD)