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## **MEDICARE PRIVATE CONTRACT**

This agreement is entered into by and between \_\_\_\_\_ (hereinafter called "Physician"), whose principal medical office is located at \_\_\_\_\_ 8201 Mission Road, Suite 261, Prairie Village, Kansas 66208 \_\_\_\_\_ and \_\_\_\_\_ (a beneficiary enrolled in Medicare Part B, hereinafter called "Beneficiary"), who resides at \_\_\_\_\_.

### **A. Background**

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

However, beneficiaries and physicians who take advantage of this provision are not permitted to submit claims or to expect payment for those services from Medicare. The Physician has certain other obligations, such as filling an affidavit with the appropriate Medicare carrier(s), a copy of which is attached to this contract. The purpose of this contract is to permit the Beneficiary and the Physician 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 Physician and Beneficiary and is not intended to obligate either party to a specific course or durations of treatment.

### **B. Obligations of Physician**

1. Physician agrees to provide such treatment as may be mutually agreed upon by the parties and at mutually agreed upon fees.
2. Physician 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. Physician acknowledges that (s)he will not execute this contract at a time when the Beneficiary is facing an emergency or urgent healthcare situation.
4. Physician 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. Physician agrees to submit copies of this contract to the Centers for Medicare and Medicare Services (CMS), upon request of the CMS.

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 Physician and understand, 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 1848 (g) of the Social Security Act) apply to amounts that may be charged by Physician 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 Physician to submit a claim to Medicare.
4. Beneficiary or his/her legal representative understands Medicare payment will not be made for any items or services furnished by Physician 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 physicians 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 physicians 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. Beneficiary or his/her legal representative agrees not to submit claims for services from Physician to such Medigap, supplemental, or "secondary" insurance companies because it may create administrative complications.
7. Beneficiary or his/her legal representative acknowledges that the Center for Medicare and Medicaid Services (CMS) has the right to obtain copies of this contract upon request.

D. Physician's Status

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

E. Term and Termination

This agreement shall become effective on \_\_\_\_\_ and shall continue in effect until \_\_\_\_\_ with the exception that there may be occasional cost-of-living fee increases. 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 Physician 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.

Fees For Services shall be the following: (subject to change)

<b>SERVICES (As of 1-1-13)</b>	<b>REGULAR</b>	<b>DISCOUNT *</b>
New Evaluation	\$ 300.00	\$ 180.00
Individual Psychotherapy (~40 min)	\$ 200.00	\$ 120.00
Med. Man./Psychotherapy (~25 min)	\$ 160.00	\$ 96.00
Med. Management only (~15 min)	\$ 80.00	\$ 48.00
Telephone Appt./Admin. Tasks/Letters: up to 5 minutes	No Charge	No Charge
6-10 minutes	\$ 40.00	\$ 40.00
11-15 minutes	\$ 60.00	\$ 60.00
16-20 minutes	\$ 80.00	\$ 80.00

\*Requires maintenance of zero balance and full payment at time of service.

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.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Name of Beneficiary (printed) or his/her Legal Representative

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Beneficiary or his/her Legal Representative

\_\_\_\_\_  
Date of Signature