



Natural Health Improvement Center Physician-Patient Private Contract (Medicare Opt-Out Agreement)

This agreement is between the physicians of the Natural Health Improvement Center (Physician) and _____ (Medicare beneficiary, referred to in this contract as "Patient").

Dr. Ann Auburn, DO and the practitioners of the Natural Health Improvement Center have elected to opt-out of Medicare. A physician who opts out of Medicare is not required to submit claims on behalf of beneficiaries and is not subject to Medicare limits on charges for covered services.

The undersigned patient/Medicare beneficiary (or legal representative) is signing this private contract to evidence his or her understanding and agreement regarding payment for any services to be provided by The Natural Health Improvement Center.

Physician hereby certifies that Physician is not and has not been excluded from participation in the Medicare program under section 1128 or other applicable sections of the Social Security Act. Physician certifies that the effective date of Physician's opt-out is January 1st, 2017, and the estimated date of expiration of the opt-out period is December 31st, 2024, provided that Physician may extend the opt-out period further.

By executing this private contract, Patient acknowledges and agrees as follows with respect to all items or services provided by Physician to Patient:

1. That Patient will not submit a claim, or request Physician to submit a claim, for payment under Medicare, even if such items or services would otherwise be covered under Medicare.
2. That Patient agrees to accept full responsibility for payment in full at the time of service, in accordance with Physician's current fee schedule.
3. Patient understands that NO reimbursement can or will be provided by Medicare for such items of services provided by Physician.
4. That Physician is not limited by Medicare in the amount that he or she may charge Patient for the items or services provided, and that Patient will pay Physician's charges in full at time of service or use CareCredit financing option.
5. That Medigap plans do not make payment, and other Medicare supplemental insurance plans do not make payment, for items or services furnished by Physician.
6. That Patient has the right to have the items or services sought from Physician to be provided by other physicians or practitioners whose items or services would be covered by Medicare.
7. That Patient is not in an emergency or urgent health care situation.
8. That Patient agrees to reimburse Physician for any costs, collection fees, and reasonable attorney's fees that result from violation of this Agreement by Patient.
9. That Patient acknowledges a copy of this Agreement has been provided to Patient.
10. That Patient signs this Private Contract voluntarily and upon full understanding of its terms.

Patient/Medicare Beneficiary Signature: _____ Dated _____

Patient's Name: _____

If Representative, print name and relationship: _____

Physician:



Ann M. Auburn, DO Kristen L. Taylor, PA-C Linda Huizenga, PA-C Mary VanderWal, FNP, PhD
S:/D.O./General, Intake /Private Contract Agreement