

Heather Stone, Ph.D., PSY 21112
3921 Villa Court, Fair Oaks, CA 95628

www.drheatherstone.com
(707) 291-7386

Medicare Opt-Out Agreement

PRIVATE CONTR ACT With Medicare Beneficiary

This agreement is between **Dr. Heather Stone**, Licensed Psychologist ("Provider"), whose principal place of business is 3921 Villa Court, Fair Oaks, CA 95628, and Patient: _____, residing at: _____ ("Patient").

Patient is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. Provider has informed Patient that Provider has opted out of the Medicare program effective on 4/01/2012 for a period of at least two years and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Provider agrees to provide psychological services to Patient. In exchange for these services, Patient agrees to pay \$200.00 per hour (or any portion thereof) of Provider time.

Patient also agrees, understands, and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Provider submit a claim) to the Medicare program with respect to services, even if 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 reimbursement regulations apply to charges for services.
- Patient acknowledges that MediGap plans will not provide payment or reimbursement for services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he or she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from Providers and practitioners who have not opted out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other Providers or practitioners who have not opted out.
- Patient agrees to be responsible to make payment in full for services and acknowledges that Provider will not submit a Medicare claim for services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the Provider that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him or her.
- Patient agrees to reimburse Provider for any costs and reasonable attorney fees that result from violation of this Agreement by Patient or his beneficiaries.

Patient's Signature: _____ Dated: _____

Print Patient's Name: _____

Provider's Signature: _____ Dated: _____

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