



Orange County Migraine & Wellness Center

PRIVATE CONTRACT WITH MEDICARE BENEFICIARY

This agreement is between Orange County Migraine & Wellness Center (Dr. Molly Rossknecht "Physician") whose principal place of business is 41 Creek Road, Suite 340, Irvine CA 92604, and

patient _____ ("Patient"), who resides at

_____ 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. **Physician has informed the Patient that the Physician has opted out of the Medicare program** for a minimum period of two years and adheres to the compliance standards set forth in Sections 1128, 1156, 1892, and other relevant sections of the Social Security Act.

The Physician agrees to provide the Patient with medical services, specifically Evaluation and management, Consultation, and Professional Component Services. In return, the Patient agrees to compensate the Physician at a rate of \$250.00 per 30-minute interval, or part thereof, as detailed in the attached Office Visit and Procedure Fee document.

The Patient acknowledges and agrees to the following terms:

- **Non-Submission of Medicare Claims:** The Patient will not submit, nor ask the Physician to submit, any claims to Medicare for the Services, even if they are covered under Medicare Part B.
- **Health Care Status:** The Patient confirms that they are not in an emergency or urgent health care situation.
- **Medicare Fee Limitations:** The Patient acknowledges that Medicare's fee limitations and reimbursement regulations do not apply to charges for these Services.
- **MediGap and Supplemental Insurance:** The Patient understands that MediGap plans and other supplemental insurance plans will not cover these Services as they are not paid under the Medicare program.
- **Rights of Medicare Beneficiaries:** The Patient acknowledges their right to receive Medicare-covered items and services from physicians who have not opted out of Medicare and is not compelled to enter into private contracts for services covered under Medicare by other physicians.
- **Payment Responsibility:** The Patient agrees to make full payment for the Services and acknowledges that the Physician will not submit any Medicare claims for these Services, and no Medicare reimbursement will be provided.
- **Medicare Payment Exclusion:** The Patient understands that no Medicare payment will be made for any services that could have been covered by Medicare if no private contract existed and a proper Medicare claim was submitted.
- **Copy of Contract:** The Patient acknowledges that a copy of this contract has been made available to them.
- **Reimbursement for Agreement Violation:** The Patient agrees to reimburse the Physician for any costs and reasonable attorney fees incurred due to the violation of this Agreement by the Patient or their beneficiaries.

Executed on _____ [DATE] by: Orange County Migraine & Wellness Center

_____ [Patient Name] _____ [Physician Name]

_____ [Patient Signature] _____ [Physician Signature]



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Office Visit and Procedure Fees

Established 30 minute visit	\$ 250
Return Patient 45 minute extended	\$ 400
New Patient 45 minute visit	\$ 600
Botox Injection Procedure	\$ 600
Botox 155 units (200 unit Vial)	\$ 1300
Occipital nerve block	\$ 250 +
Trigger Point Injections	\$ 200 +
Phone Visits (30 minutes)	\$ 250
Office Visits outside of office hours	\$ 400
B-complex or B-12 shots	\$ 50 (\$25 injection fee; \$25 medication)
Toradol or Kenalog shots	\$ 50 (\$25 injection fee; \$25 medication)

Reactivation Visit: Patients returning after more than 1 year (considered inactive) will be scheduled for a 45-minute appointment with a charge of \$400.

Form Filling and Letter Requests: A minimum charge of \$50 will apply for filling out forms or writing letters outside of an office visit.

Prior Authorization Appeals: If an initial authorization request is denied and the patient requests an appeal, there will be a charge of \$100 for writing a letter to the insurance company.

No-Show Policy: A fee of \$75 will be charged for missed appointments if the patient fails to notify the office 24 hours in advance. This applies from the second missed appointment onwards.

Orange County Migraine & Wellness Center
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Irvine, CA 92604
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Fax Number : 949 – 861 – 8719