

**PRIVATE CONTRACT (re: Medicare)**

\_\_\_\_\_  
Patient Name (please print)

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

\_\_\_\_\_  
Legal Representative (please print)

\_\_\_\_\_  
Relationship

***Dr. William L. Simpson (of Doc At Your Door, PLC) opted out of the Medicare program, effective July 1, 2018 . . . he does not participate with Medicare. If you are a Medicare Part B beneficiary (primary or secondary), then Medicare requires this 'private contract' to ensure a clear understanding that this physician's fees are not limited by Medicare, that you are privately responsible for this physician's total fees, that Medicare is not responsible for any such fees, and that Medicare shall not be billed for those fees, by either this physician or you.***

**You (or your legal representative) therefore agree to the following:**

- I understand that Medicare fee limits do not apply to what this physician may charge for any items and/or services this physician provides.
- I accept full responsibility for payment of this physician's charges for any items and/or services this physician provides.
- I agree not to submit a claim to Medicare, or to ask this physician to submit a claim to Medicare, for any items and/or services this physician provides.
- I understand that Medicare payment will not be made for any items or services provided by this physician that would have otherwise been covered by Medicare if there were no private contract, and a proper Medicare claim had been submitted.
- I understand that I have the right to obtain Medicare-covered items and services from other physicians and practitioners who have not opted out of Medicare, and if so, would not be required to enter into private contracts with those providers.
- I understand that 'Medigap' plans do not, and that other supplemental plans may not, make payments for items and/or services not paid for by Medicare.
- I acknowledge that I am not currently in need of emergency care or urgent care at the time this agreement is being signed.
- I acknowledge that a copy of this agreement is available to me prior to the provision of any items or services by this physician.

\_\_\_\_\_  
Beneficiary Signature (or that of legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature (William L. Simpson, MD)

\_\_\_\_\_  
Date