

Medicare Beneficiary Name:
Medicare ID:
Beneficiary Address:
Legal Representative: (If applicable)

**MEDICARE BENEFICIARY PRIVATE CONTRACT AND
NOTICE OF NON-COVERED SERVICES**

This Medicare Beneficiary Private Contract and Notice of Non-Covered Services is made by and between Jeannine M. Rodems, M.D., Inc., a California professional medical corporation, doing business as Santa Cruz Direct Primary Care (“Practice”) and the individual listed above (“Patient” or “Beneficiary”) and is incorporated by reference to that certain Patient Agreement made by and between the parties as though fully set forth therein. 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. Practice has informed Beneficiary or his/her legal representative that Physicians at the Practice have opted out of the Medicare program. Physicians of the Practice have not been excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 of the Social Security Act. Beneficiary or his/her legal representative agrees, understands, and expressly acknowledges the following:

Please read each line carefully and initial to indicate your agreement with the statement.

_____ I want the services provided by the Practice and its physicians. I understand that Medicare will not be billed for these services and that I cannot appeal if Medicare is not billed.

_____ I accept full responsibility for payment of all charges for all services furnished by the Practice and its physicians.

_____ I understand that Medicare limits do not apply to what the Practice may charge for items or services furnished by the Practice and its physicians.

_____ I agree not to submit a claim to Medicare or to ask the Practice or its physicians to submit a claim to Medicare.

Patient Name: _____

_____ I understand that Medicare payment will not be made for any items or services furnished by the Practice and its physicians that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

_____ I am entering into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and I am 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.

_____ I understand that my physician has elected for a rolling opt-out period and that there is no expected expiration date of the opt-out period.

_____ I understand that Medigap plans do not make payments for items and services not paid for by Medicare, and that other supplemental plans may elect not to make payments for items and services not paid for by Medicare.

_____ I acknowledge that I am not currently in an emergency or urgent health care situation.

_____ I acknowledge that I have been given a copy of this contract prior to services being rendered.

Executed On: _____

By: _____

Signature of Medicare Beneficiary or his/her legal representative

And: _____

Signature for Santa Cruz Direct Primary Care

Adam Yarme, M.D.

Jeannine Rodems, M.D.

