



Notice of Medicare Denial

This agreement is between **Dr. Erica Song** (“Physician”), whose principal place of business is **286 Engle Street, Englewood, NJ 07631**, 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. The Physician has informed Patient that Physician has opted out of the Medicare program effective on **January 01, 2015** 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.

Physician agrees to provide medical services to Patient.

In exchange for the Services, the Patient agrees, understands and expressly acknowledges the following:

- Patient accepts full responsibility for payment of the physician’s charges for all services furnished by the Physician and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that neither Medicare’s fee limits nor any other Medicare reimbursement regulations apply to what the physician may charge for items or services furnished by the Physician.
- Patient agrees not to submit a claim to Medicare or to request that Physician submit a claim to Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient understands that Medicare payment will not be made for any items or services furnished by the Physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician 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 for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that he/she is not currently in an emergency or urgent health care



Notice of Medicare Denial

situation.

- Patient acknowledges that a copy of this contract has been made available to him/her.
- Patient agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient.

Executed on:

Date

By:

Patient Signature

And:

Erica Song, MD