

PRIVATE CONTRACT FOR MEDICARE OPT OUT PHYSICIAN & PATIENT

This agreement between Gregory A. Plotnikoff, MD, MTS, FACP (Physician) and colleagues whose place of business is 1409 Willow Street, Suite 501, Minneapolis, MN 55403 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 the Patient that the Physician and colleagues have opted out of the Medicare program effective on January 1, 2018 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 Gregory Plotnikoff, MD, MTS, FACP and colleagues agree to provide the following medical services to Patient (the “Services”):

- Outpatient consultative services at the location of Minnesota Personalized Medicine
- Collection of laboratory specimens that are then forwarded to the appropriate laboratory for processing
- Email/Patient Portal for questions and discussion as appropriate

In exchange for the Services, the Patient agrees to make payments to Physician and colleagues as set forth in the Office Policies (provided as a handout and also available online at www.MNpersonalizedmedicine.com). Patient also agrees, understands, and expressly acknowledges the following (*please initial*):

_____ Patient agrees not to submit a claim (or to request that Physician and colleagues submit a claim) to the Medicare program with respect to the 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 the Services.

_____ 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 acknowledges that she/he 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, and that the patient is 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.



_____ Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician and colleagues will not submit a Medicare claim for the 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 Physician and colleagues 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/her.

Executed on _____ (Date) by _____ (Patient printed name) and Gregory A. Plotnikoff, MD, MTS, FACP and colleagues.

(Patient Signature)

(Gregory A. Plotnikoff, MD, MTS, FACP)

(Kathleen Hopkins, DO, ACOFP, IFMCP)