

PRIVATE CONTRACT WITH MEDICARE BENEFICIARY

This agreement is between E. Glynn Taunton, D.O., whose principal place of business is 193 Pierce Avenue, Macon, Georgia 31204, and 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. Dr. Taunton has informed Patient that Dr. Taunton has opted out of the Medicare program effective 10/01/2007 for a period of at least two years and is excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Dr. Taunton agrees to provide the following medical services to Patient:: Evaluation and Management, Consultation and Professional Component Services.

In exchange for these Services, the Patient agrees to make payments to Dr. Taunton pursuant to his fee schedule as appropriate for Services.

Patient also agrees, understands and expressly acknowledges the following:

- * Patient agrees not to submit a claim (or to request that Dr. Taunton submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- * Patient is currently not 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 Services.
- * Patient acknowledges that MediGap 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 he or 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, 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 to make payment in full for the Services and acknowledges that Dr. Taunton 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 Dr. Taunton that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim was submitted.
- * Patient acknowledges that a copy of this contract has been made available to him or her.
- * Patient agrees to reimburse Dr. Taunton for any costs and reasonable attorney fees that result from violation of this Agreement by Patient or his/her beneficiaries.

Executed on _____ by _____ and E. Glynn Taunton, D.O.

Patient _____

Physician _____