



Rebecca Hunton, MD
Lisa Johnson, PA-C
150 Fifth Avenue
Indialantic, FL 32903
T 321.254.6803
F 321.254.6819

Medicare Private Contract

This contract is entered into by and between Dr. Rebecca Hunton (hereinafter called "physician"), whose principal medical office is located at 150 Fifth Avenue, Indialantic, FL 32903 and (Patient Name) _____

(hereinafter called "beneficiary"), who resides at (Address) _____

And shall become effective on this _____ day of _____, 20____ and shall expire on the _____ day of _____ 20 _____ (the "opt out period"), unless otherwise renewed in accordance with the 43 U.S.C. 1395a; 42 C.F.R. 405, Subpart D.

Physician Obligations

The physician acknowledges that she is excluded from Medicare under Sections 1128, 1156, 1892 or any other section of the Social Security Act.

The physician acknowledges that this contract shall not be entered into with the beneficiary, or the beneficiary's legal representative, during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. Section 405.440.

The physician acknowledges that she must retain this contract (with original signatures of both parties to this contract) for the duration of the opt-out period, and that it shall be made available to the Centers for Medicare & Medicaid Services (CMS) upon request.

The physician shall provide a copy of the contract to the beneficiary or to his/her legal representative, before items of services have been furnished to the beneficiary under the terms of this contract.

The physician acknowledges that she must enter into a contract for each opt-out period.

Beneficiary Obligations

_____The beneficiary, or his/her legal representative, accepts full responsibility for payment of the physician's charge for all services.

_____The beneficiary, or his/her legal representative, understands that no payment will be provided by Medicare for items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contact and a proper Medicare claim had been submitted.

_____The beneficiary, or his/her legal representative, understand that Medicare limits do not apply to what the physician may charge for items or services provided by physician.

_____The beneficiary, or his/her legal representative, agrees not to submit a claim, nor ask the physician to submit a claim to Medicare for Medicare items or services, even if such items are otherwise covered by Medicare.

_____The beneficiary, or his/her legal representative, acknowledges that this written private contract contains significantly large print to ensure that the beneficiary is able to read the contract.

_____ The beneficiary, or his/her legal representative, has entered into this contract with the knowledge that he or she has the right to obtain Medicare-covered items on services from physicians and practitioner that have not opted out of Medicare and for whom payment would be made by Medicare for their covered services, and that the beneficiary has not been compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

_____The beneficiary, or his/her legal representative, understands that Medigap plans do not, and other supplemental plans may elect not to make payments for items and services not paid for by Medicare.

_____The beneficiary, or his/her legal representative, understands that this agreement shall not be entered into with the physician during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. Section 405.440.

_____The beneficiary, or his/her legal representative, acknowledges that a copy of this contract has been provided to the beneficiary, or his/her legal representative before items or services have been furnished to the beneficiary under the terms of this contract,

Rebecca Hunton, MD

Signature

Address: 150 Fifth Avenue, Suite C, Indialantic, FL 32903 Phone: 321.254.6803
National Provider Identifier: 1295776516

Date

Fax: 321.254.6819

Printed Name of beneficiary or legal Representative

Signature

Date