

PRIVATE CONTRACT

This agreement is between Dr. Adrian J. Hohenwarter ("Physician"), whose principal place of business is 745 S. Grant Street Palmyra, PA 17078, and patient [redacted] ("Patient"), who resides at [redacted] 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 **April 2016 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 (the "Services"):

In exchange for the Services, the Patient agrees to make payments to Physician pursuant to the Attached Fee Schedule. Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician 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 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 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 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.
- Patient agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his beneficiaries.

Executed on [redacted] [Date]

by [redacted] [Patient name] [redacted] [Patient Signature]

and Adrian J. Hohenwarter MD _____ [Physician signature]

FINANCIAL POLICY

Effective April 1, 2016 for a period of 2 years, we are not contracted with Medicare or any other supplemental insurance carriers.

1. All charges must be paid at the time of service and our treatment fees are the same for all patients, regardless of insurance coverage or not, as is required by law.
2. We are unable to offer in-house financing or payment plans. Full payment for services is due at the time of service in the form of cash, check or money order. The practice does not accept credit cards or debt cards at this time.
3. Medicare: Dr. Hohenwarter has chosen to “Opt Out” of Medicare April 1, 2016 for a period of 2 years. All patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated “Private Contract” in order to receive services at our facility. All services must be paid at the time of service and neither Dr. Hohenwarter, nor the patient may file a claim to Medicare for reimbursement.
4. Medicaid: We are not accepting any Medicaid patients. We will only accept “Private Pay” patients. We will not file any claims to Medicaid for reimbursement of your medical services now or at any time in the future.
5. Tricare: We are not an active Tricare provider. We will not accept Tricare insurance, we will not file any claims to Tricare and we will not accept the Tricare fee schedule for reimbursement of our services.

I have read, understand and agree to the terms and conditions listed above.

Signature of Patient

Name (Printed)

Date

Fee Schedule

Code	Service	Practice Fee Schedule
99201	New Patient - Focused-SF	\$60.00
99202	New Patient - Expanded-SF	\$90.00
99203	New Patient - Detailed-LC	\$120.00
99204	New Patient - Comp-MC	\$170.00
99205	New Patient - Comp-HC	\$230.00
99211	Est. Patient - Minimal	\$44.00
99212	Est. Patient - Focused-SF	\$59.00
99213	Est. Patient - Expanded-LC	\$85.00
99214	Est. Patient - Detailed-MC	\$108.00
99215	Est. Patient - Comp-HC	\$156.00