

Private Contract between Ruth Steinman, MD and Medicare Beneficiary

- o Ruth Steinman, MD is NOT a participating physician in Medicare
- o I agree that I accept full responsibility for payment for Dr. Steinman's charge for all services furnished by Dr. Steinman.
- o I understand that Medicare limits do not apply to what Dr. Steinman may charge for services provided by Dr. Steinman.
- o I agree not to submit a claim to Medicare or to ask Dr. Steinman to submit a Medicare claim.
- o I understand that Medicare payment will not be made for any service provided by Dr. Steinman that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- o I enter into the contract with the knowledge that I have the right to obtain Medicare covered services from physicians who have not opted out of Medicare and that I am not compelled to enter into private contracts that apply to other Medicare-covered services provided by other physicians who have not opted out.
- o I understand that Medigap plans do not and other supplemental plans may elect not to make payments for services not paid for by Medicare.

Name of Beneficiary:

Signature of Medicare Beneficiary or legal representative:

Date: _____