

Private Contract (Medicare)

In signing this contract, I understand that Ina Becker MD, has terminated her Medicare Part B participation agreement and has opted out of Medicare for all services she furnishes to Medicare beneficiaries.

I give up all Medicare coverage of and payment for services furnished to me by Dr Becker.

I agree not to bill Medicare or to ask Dr Becker to bill Medicare for these services.

I agree to be liable for all charges billed by Dr Becker, without any limits that would otherwise be imposed by Medicare.

I acknowledge that Medigap will not pay towards the services and that other supplemental insurers may not pay either.

I acknowledge that I have the right to receive services from other physicians and practitioners for whom Medicare coverage and payment would be available.

Patient Name _____

Patient Signature _____

Date _____

Ina Becker, MD _____