



Your Family Psychiatrist

Private Contract

This private contract (“Contract”) is between Jared Heathman, M.D. (“Physician”), whose principal place of business is 12250 Queenston Blvd. Ste E, Houston, TX 77095, and:

Beneficiary: _____

Who resides at: _____

Medicare ID #: _____

who is a Medicare Part B beneficiary seeking services that are often reimbursable under Medicare Part B (pursuant to Section 4507 of the Balanced Budget Act of 1997). The Physician has informed Beneficiary or his/her legal representative that Physician **has opted out** of the Medicare program effective as of July 1, 2015 for at least two years, even though the physician would not be excluded, under 1128, 1156, or 1892 of the Social Security Act, from participating in Medicare Part B.

Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:

Initial below (please initial all):

_____ Beneficiary or his/her legal representative accepts full responsibility for payment of the Physician’s charge for all services furnished by the Physician.

_____ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the Physician may charge for items or services furnished by the Physician.

_____ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the Physician to submit a claim to Medicare.

_____ Beneficiary or his/her legal representative 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 was no private contract (such as this Contract) and a proper Medicare claim had been submitted.



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_____ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the Beneficiary would not be compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

_____ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect to not, make payments for items and services not paid for by Medicare.

_____ Beneficiary or his/her legal representative acknowledges that the Beneficiary is not currently in an emergency or urgent health care situation.

_____ Beneficiary or his/her legal representative acknowledges that a copy of this Contract has been made available to him.

_____ Beneficiary or his/her legal representative agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Contract by Beneficiary or his/her legal representative.

Executed on: _____

Date

Beneficiary or his/her legal representative (print and sign below):

By: _____

Printed name: _____

Basis for legal representation: _____

Physician: _____

Jared Heathman, M.D.