

Kentlands Psychotherapy

Serving Individual Adults and Couples

Elizabeth Carr, Psy.D.

Licensed Psychologist, Founder

Russell Carr, M.D.

Board-Certified Psychiatrist

Krista Beyer, Psy.D.

Licensed Psychologist

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MEDICARE PRIVATE CONTRACT FOR MEDICARE BENEFICIARIES

I, _____, am eligible for Medicare benefits. In consideration of my choice to see Elizabeth Carr, PsyD., I choose and hereby agree to forego reimbursement from the Medicare program for any items or services incurred in Dr. Carr's treatment of me. I understand, and it has been satisfactorily explained to me, that Medicare will not cover any medical services provided to me by Dr. Carr, even if these services would be covered should I obtain them from another provider. I agree and acknowledge that I will be responsible for payment of visits with Dr. Carr. I understand that Dr. Carr has not been excluded from the Medicare program and remains in good-standing, but has voluntarily chosen to withdraw in favor of privately contracting for her services.

Specifically, I agree to the following:

- 1) I agree not to submit any claim for reimbursement under Medicare for any items or services even if Medicare otherwise covers such items or services.
- 2) I agree that I will not request or require Dr. Carr to submit a claim, even if I believe that a formal denial from Medicare for a particular service might allow me to receive coverage from a secondary payer.
- 3) I agree to be responsible, whether through insurance or otherwise, for payment of such items or services billed by Dr. Carr. I understand that no reimbursement will be provided from Medicare for such items or services provided by Dr. Carr.
- 4) I understand and acknowledge that the amount of Dr. Carr's bills for her services are not subject to any limiting fees, including the limits under §1848(g), and that Dr. Carr may charge any amount for the items or services she supplies.
- 5) I understand and acknowledge that Medigap plans under §1848 do not, and other supplemental insurance plans may not, elect to make payments for such items and services because Medicare payments are not made.
- 6) I understand and acknowledge that I have the right to have such items or services provided by other psychologists or practitioners for whom payment might be made under this title should they be determined to be covered services which are not excluded from reimbursement.
- 7) I hereby certify that this contract was not entered into at a time when I am facing an emergent or urgent health care situation.

Signature of Patient

Elizabeth Carr, PSY.D.

Printed Name of Patient

Date

Date