

Appalachian Rehabilitation Professionals, PC
DBA Appalachian Physical Medicine
2204 Pavilion Drive, Suite 107
Kingsport, TN 37660

MEDICARE PART B BENEFICIARY PRIVATE MEDICAL CONTRACT

This agreement and private contract is between
Dr. William Platt (“Physician”),
whose principal place of business is Appalachian Rehabilitation Professionals, PC,
DBA Appalachian Physical Medicine,
2204 Pavilion Drive, Suite 107
Kingsport, TN 37660

And patient _____ (“Patient”), who resides at

and is a Medicare Part B beneficiary (Medicare ID # _____)
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 voluntarily opted
out of the Medicare program effective April 1, 2015 for a period of 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.

The Physician and the patient enter into this contract voluntarily for all subsequent medical
care provided by the Physician and his office to the Patient as of the date of this contract,
_____. The Physician and the Patient have signed this contract before services
are furnished under its terms, and both parties understand plainly that by signing this contract
the patient, or the patient’s legal representative, agrees to the following terms:

Physician agrees to provide the following services to Patient (the “Services”):

___ 1. Patient is not currently in a life or limb threatening emergency care situation.

___ 2. Patient agrees to give up all Medicare Part B coverage of, and payment for,
Services furnished by the Physician and not to submit a claim (or to request that
Physician submit a claim) to the Medicare program with respect to services, even if
covered by Medicare Part B.

Contract – Patient: _____

___ 3. Patient is liable for all charges of the Physician without any limits that would otherwise be imposed by Medicare.

___ 4. Patient acknowledges that he/she has the right to receive items or services from physicians/practitioners for whom Medicare Part B coverage and payment would be available, and that the Patient is not compelled to enter into private contracts that apply to Medicare Part B Services furnished by the Medicare participating physicians who have not opted out.

___ 5. Patient agrees to be responsible to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare Part B claim for the Services, and that no Medicare reimbursement will be provided.

___ 6. Patient understands that Medicare Part B payment will not be made for items and/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.

___ 7. Patient acknowledges that a copy of this written contract has been made available to him/her and that the print is sufficiently large to read. The original contract with original signatures of both parties has been retained by the physician for the duration of the opt out period.

I, the undersigned patient and Medicare part B beneficiary, have read this contract in its entirety. I understand and agree to all its terms, and I thereby agree to receive medical services from Dr. William Platt and Appalachian Rehabilitation Professionals, PC DBA Appalachian Physical Medicine for a mutually agreed upon fee completely independent of the Medicare system.

Executed on this date: _____ by

Patient/Medicare Beneficiary Name: _____

Patient/Medicare Beneficiary Signature: _____

Physician Name and Signature: _____

William M. Platt, MD Appalachian Rehabilitation Professionals, PC