

MIDLANDS

orthopaedics, p.a.

PRIVATE PAYMENT AGREEMENT FOR PATIENTS WITH MEDICARE

Thomas P. Gross, M.D. (803) 256-4107

This agreement is entered into between the undersigned patient, or patient's legal representative ("patient"), and Thomas P. Gross, M.D. ("physician") on this _____ day of _____, 200____.

The patient represents that he or she is a Medicare beneficiary and that he or she understands the following:

1. Dr. Gross has opted out of, and does not participate in, Medicare for a two-year period beginning April 1, 2007 and expiring March 31, 2009.
2. The patient accepts full responsibility for payment of Dr. Gross' charge for all services provided by Dr. Gross.
3. The Medicare payment limits do not apply to what Dr. Gross may charge for items or services provided by him.
4. The patient agrees not to submit a claim to Medicare or ask Dr. Gross to submit a claim to Medicare.
5. Medicare payment will not be made for any items or services furnished by Dr. Gross that would have been covered by Medicare if there was no Agreement and a proper Medicare claim had been submitted.
6. The patient enters into this Agreement with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare.
7. Medigap plans do not, and other supplemental plans may elect not to, make payments for items or services not paid by Medicare.
8. The patient may not be asked to sign this Agreement at a time when the patient requires emergency or urgent care services.
9. The patient may be provided a copy of this Agreement before items or services are furnished to the patient.

Patient's / Legal Representative's* Name (Print): _____

Patient's / Legal Representative's* Signature: _____

If Legal Representative, relationship to patient: _____

Verification of Legal Representative's Authority / Staff Signature: _____

Date Signed: _____

Dr. Gross will retain the original contract with original signatures of both parties for the duration of the opt-out period. Dr. Gross will supply CMS with a copy of this contract upon request. Dr. Gross understands that the current private contract remain in effect for two years. If he again opts out of Medicare, he will expediently complete a new contract for each Medicare beneficiary and will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

Thomas P. Gross, M.D. _____ Witness: _____

Patient Name: _____ Chart #: _____

Date Signed: _____