

**Bernarda Zenker MD**

5123 W. 98<sup>th</sup> Street, #1272

Bloomington, MN 55437

Phone 952-465-3883

Fax 952-465-3885

**Private Contract**

This agreement is between Bernarda Zenker, M.D., whose principal place of business is 5123 W. 98<sup>th</sup> Street, #1272, Bloomington, MN 55437 and

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Medicare ID #: \_\_\_\_\_

This patient is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997.

The Physician has informed Patient, or his/her legal representative, that Physician has opted out of the Medicare program effective on July 1, 2018. The physician is not excluded from participating in Medicare Part B under 1128, 1156, or 1892 of the Social Security Act.

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

Initial

\_\_\_\_\_ Patient, or his/her legal representative, accepts full responsibility for payment of the physician’s charge for all services furnished by the physician.

\_\_\_\_\_ Patient, 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.

\_\_\_\_\_ Patient, or his/her legal representative, agrees not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.

\_\_\_\_\_ Patient, 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 and a proper Medicare claim had been submitted.

\_\_\_\_\_ Patient, 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 is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

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

\_\_\_\_\_ Patient, or his/her legal representative, acknowledges that the patient is not currently in an emergency or urgent health care situation.

\_\_\_\_\_ Patient, or his/her legal representative, acknowledges that a copy of this contract has been made available to him.

Executed on: Date: \_\_\_\_\_

By: Patient, or his/her legal representative: \_\_\_\_\_

And: Bernarda Zenker, MD \_\_\_\_\_