



Integrated Neurology, PA

Madhureeta Achari, MD

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MEDICARE/MEDICAID OPT-OUT PRIVATE CONTRACT:

Integrated Neurology-Madhureeta Achari, MD does not accept Medicare or Medicaid. Madhureeta Achari, MD has signed an agreement to be excluded from the Medicare program. This means:

- Medicare will not pay for care you receive from Madhureeta Achari, MD.
- You must sign this private contract confirming that you understand that you are responsible for the full cost of your care and that Medicare will not reimburse you.
- Madhureeta Achari, MD does not bill Medicare for services you receive.

I (or my legal representative) accept full responsibility for payment of charges for all services furnished by Madhureeta Achari, MD.

I (or my legal representative) understand that Medicare limits do not apply to what Madhureeta Achari, MD may charge for items or services furnished.

I (or my legal representative) agree NOT to submit a claim to Medicare or to ask Madhureeta Achari, MD to submit a claim to Medicare.

I (or my legal representative) understand that Medicare payment will not be made for any items or services furnished by Madhureeta Achari, MD that would have otherwise been

covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

I (or my legal representative) enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who **has not opted-out** of Medicare, and I am 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**.

I (or my legal representative) understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare. This contract cannot be entered into by me, (the Medicare beneficiary), or by my legal representative during a time when I, (the Medicare beneficiary), require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual) I (the Medicare beneficiary) or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract.

Madhureeta Achari, MD will retain the original contract (original signatures of both parties required).

Provider's Signature:  Date: _____

Patient's Signature: _____ Date: _____

Patient's Legal Representative Signature: _____