



GARY H. GOLDMAN M.D.

Gynecology, Integrative Women's Health, Functional Medicine

435 East 90th Street | New York, NY 10128 | (212) 535-6100 | garygoldmanmd.com

MEDICARE PRIVATE CONTRACT

This agreement made the _____ day of _____, between Gary H. Goldman M.D., 435 East 90th Street, New York, NY 10128 (hereinafter "Doctor") and _____, (hereinafter "Patient"), residing at _____.

WHEREAS, Patient is enrolled in Medicare;

WHEREAS, Doctor has opted out of the Medicare Reimbursement Program and is excluded from Medicare;

WHEREAS, Patient desires to be treated by Doctor with the understanding that such services will not be reimbursed by Medicare;

IT IS HEREBY STIPULATED AND AGREED AS FOLLOWS:

1. The patient understands that she will be solely responsible for the full payment to the Doctor for any and all services rendered without any limits that would otherwise be imposed by Medicare.
2. The patient further agrees not to bill Medicare or ask the Doctor to submit any bills to Medicare for any services rendered.
3. The Patient acknowledges that she has the right to receive services from other physicians or practitioners from whom Medicare coverage and payment would be available. Patient has agreed to enter into this private contract with the knowledge the Doctor is excluded from Medicare reimbursement.
4. The Patient agrees to be responsible for all services rendered and knowingly relinquishes all Medicare coverage of, and payment for, services rendered by the Doctor.
5. The Patient acknowledges that the Patient's Medigap coverage, if any, will not contribute toward the services rendered by the Doctor. Further, any other supplemental insurers may also refuse reimbursement for the Doctor's services.

DATE _____

New York, New York 10128

Patient _____

Doctor _____