

**MEDICAL SERVICES AGREEMENT
FOR
MEDICARE PATIENTS
CONTRACTING WITH A NON-MEDICARE MEDICAL PRACTICE**

I, _____ (name of patient), confirm that I am a Medicare patient contracting for medical services from Healing Arts Medical, PA who is not a Medicare providing medical practice.

I confirm that I have been advised of the following facts and requirements regarding this agreement:

- that Healing Arts Medical, PA is not a Medicare provider.
- that Healing Arts Medical, PA may not bill Medicare for these services, nor be reimbursed by Medicare for these services.
- that I, the patient, may not bill Medicare for these services and will not be eligible to be reimbursed by Medicare for these services.
- that I agree not to file a claim with Medicare for these services.
- that Medicare may not be billed for these services even for the purpose of obtaining the “Medicare denial” required by some other insurance carriers.
- that Medicare supplemental plans may elect not to reimburse for these services.
- that I understand I may secure Medicare reimbursed services from another provider who is a Medicare provider.
- that Healing Arts Medical, PA has signed an agreement to “opt out” of Medicare for a two-year period (ending on _____) and that this agreement is in effect for the remainder of that period, and that this practice will be required to renew the “opt out” agreement with Medicare every two years.
- that the fee for these services is established by the practice and not by Medicare.

Signature of Patient _____ Date _____