

PRIVATE CONTRACT FOR MEDICARE BENEFICIARIES

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. As of October 6, 2011, Dr. Joel M. Laudenbach is excluded from Medicare under 1128, 1156 and/or 1892 of the Social Security Act through October 5, 2013.
2. I accept full responsibility for payment of the practitioner's charge for all services furnished by Dr. Joel M. Laudenbach.
3. I understand that Medicare limits do not apply to what the practitioner may charge for items or services furnished by Dr. Joel M. Laudenbach.
4. I agree not to submit a claim to Medicare or to ask Dr. Joel M. Laudenbach to submit a claim to Medicare.
5. I understand that Medicare payment will not be made for any items or services furnished by Dr. Joel M. Laudenbach that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
6. I enter into the contract with the knowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services by other physicians or practitioners who have not opted out.
7. I 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.

\_\_\_\_\_  
PATIENT SIGNATURE / DATE

\_\_\_\_\_  
JOEL M. LAUDENBACH, DMD / DATE