



Coastal Center for Cognitive Therapy, PA

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Private Contract with Healthcare Provider

(Required by *MEDICARE* for all its beneficiaries who work with providers who have opted-out of *MEDICARE*)

I, Michael M. Grant, PhD, (Dr. Grant) have not been excluded from *MEDICARE* under [1128] §§1128, [1156] 1156 or [1892] 1892 of the *Social Security Act*.

I, the *MEDICARE* beneficiary or my legal representative, accept full responsibility for payment of charges for all services furnished by Dr. Grant. I, the *MEDICARE* beneficiary or my legal representative, understand that *MEDICARE* limits do not apply to what Dr. Grant may charge for items or services furnished. I, the *MEDICARE* beneficiary or my legal representative, agree not to submit a claim to *MEDICARE* or to ask Dr. Grant to submit a claim to *MEDICARE*. I, the *MEDICARE* beneficiary or my legal representative, understand that *MEDICARE* payment will not be made for any items or services furnished by Dr. Grant that would not otherwise have been covered by *MEDICARE* if there was no Private Contract and a proper *MEDICARE* claim had been submitted.

I, the *MEDICARE* beneficiary 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 that 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.

The expected or known effective date and expected or known expiration date of the opt-out period (for Dr. Grant) is July 1, 2008 and July 1, 2010.

I, the *MEDICARE* beneficiary or my legal representative, understand that Medigap plans do not, and that other supplemental plans may not elect to, make payments for items and services not paid for by *MEDICARE*. This contract cannot be entered into by myself, 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.

I, Michael M. Grant, PhD, will retain the original contract (original signatures of both parties required) for the duration of the opt-out period. I, Michael M. Grant, PhD, will supply CMS with a copy of this contract upon request. I, Michael M. Grant, PhD, understand that the current Private Contract remains in effect for two years. If I again opt-out of *MEDICARE*, I will expediently complete a new contract for each *MEDICARE* beneficiary and will expediently submit the appropriate affidavit(s) to all local *MEDICARE* carriers.

Michael M. Grant, PhD

Date

Patient's Signature

Date

Patient's Legal Representative Signature (if required)

Date

Witness

Date