



Medicare Beneficiary Private Contract Agreement

This agreement is between Amy Sheeder, MD ("Physician"), whose place of business is:

10099 RidgeGate Parkway, Suite 210
Lone Tree, CO, 80124

and _____ ("Member", "You"), who resides at:

and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997.

Physician has informed you that Physician has opted out of the Medicare program effective on July 1, 2020 for a period of at least two years, and is excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide medical and non-medical services to you. Please refer to your Member Agreement to see the list of services.

In exchange for services, you agree to make payments to Mint Health Clinics Lone Tree (MHCLT) pursuant to the Membership Fees. Please refer to your Member Agreement to see the list of fees.

You also agree, understand, and expressly acknowledge the following:

- I agree not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the services, even if covered by Medicare Part B.
- I am not currently in an emergency or urgent health care situation.
- I acknowledge that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the services.
- I acknowledge that Medi-Gap plans will not provide payment or reimbursement for the services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- I acknowledge that I have the right, as a Medicare beneficiary, 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 furnished by other physicians or practitioners who have not opted-out.

- I agree to be responsible, whether through insurance or otherwise, to make payment in full for the services, and acknowledge that Physician will not submit a Medicare claim for the services and that no Medicare reimbursement will be provided.
- I understand that Medicare payment will not be made for any items or services furnished by Physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- I acknowledge that a copy of this contract has been made available to me.
- I agree to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by me or my beneficiaries.

Executed on _____ by _____ (Member)
and Amy Sheeder, MD.

Member signature

Physician signature