



Wycoff Wellness Center
1226 Michigan Avenue
East Lansing, Michigan 48823
517-333-7270 (phone)
517-333-1801 (fax)
wycoffwellness.com

PRIVATE CONTRACT AGREEMENT – MEDICARE PARTICIPANTS

Patient Name: _____

Patient Address: _____

Patient Account Number: _____ Medicare Number: _____

The purpose of this contract is to ensure your understanding that the health care providers at the Wycoff Wellness Center have “opted out” of Medicare participation and by receiving services at the Wycoff Wellness Center you have entered into a private contract with the Wycoff Wellness Center. As such, **we request that you read this document thoroughly prior to receiving any medical care at our location.**

The following terms are in place for Medicare participants seeking services at the Wycoff Wellness Center:

1. John Wycoff, DO and all providers at the Wycoff Wellness Center are excluded from Medicare under the Social Security Act.
2. The beneficiary or legal representative accepts full responsibility for payment of the physician’s or practitioner’s charge for all services furnished by the physician/practitioner.
3. The beneficiary or legal representative understands that Medicare limits do not apply to what the physician/practitioner may charge.
4. The beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare.
5. The beneficiary or legal representative understands that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
6. The beneficiary or legal representative enters into the contract with the knowledge of the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the beneficiary is not compelled to enter into private contracts with other physicians or practitioners who have not opted out.
7. The Wycoff Wellness Center has opted out of Medicare for the period of October 1, 2010 – September 30, 2012.

8. The beneficiary or legal representative understands that Medigap plans do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
9. This contract is not to be entered into by the beneficiary or by the beneficiary's legal representative during a time when the beneficiary requires emergency care services or urgent care services.
10. The patient (photocopy is permissible) will be provided, as requested, to the beneficiary or to his/her legal representative before items or services are furnished to the beneficiary under the terms of the contract.
11. The contract will be retained (original signatures of both parties are required) by the physician/practitioner for the duration of the opt out period.
12. The contract will be made available to CMS upon request.
13. The contract will be renewed with each new opt out period.

Beneficiary/Legal Representative Signature

Date

Beneficiary/Legal Representative Name (Print)

Date

Provider Signature

Date

Provider Name (Print)

Date

Witness Signature

Date

Witness Name (Print)

Date