



MEDICARE PRIVATE CONTRACT

with

ASSOCIATES IN PERIODONTICS

Participating dentist with this company:

Jennifer R. Merritt, DDS

By signing this contract I understand and agree that I will not submit (or request that my oral surgery or periodontal services doctor submit) a claim to Medicare or its agents for services provided by Jennifer R. Merritt, DDS, even if such services would otherwise be covered.

I agree to be fully responsible, through insurance or otherwise, for payment of services rendered by Jennifer R. Merritt, DDS, and I understand that no claims will be submitted to Medicare and no Medicare reimbursement will be provided for these services.

I understand that there are no limits specified by Medicare as to the amounts that may be charged by the oral surgery or periodontal services doctor for services provided.

I understand that Medigap plans do not, and other health and medical care insurance plans may elect not to, make payments for such services.

I understand that I have the right to have services provided by other oral and periodontal surgeon or other practitioners for whom Medicare payment would be made, and that I am not compelled to enter into private contracts that apply to covered care furnished by other health care professionals who have not opted-out.

I understand that Jennifer R. Merritt, DDS is excluded from participation in the Medicare program under Section 1128 of the Social Security Act or pursuant to any other legal authority.

Patient's Full Name : _____
(Please print full name – first name, middle name and last name)

Patient's Signature: _____ Date: ____/____/____
mm dd yy

Full Name of Witness: _____
(Please print full name – first name, middle name and last name)

Signature of Witness: _____ Date: ____/____/____
mm dd yy