



## Medicare Private Contract (Opt-Out Agreement)

This contract is necessary in order to obtain medical treatment and services rendered by Anne Walch, MHS, PA-C and associates of Healing Path Integrative Medicine due to the fact that she has “opted out Medicare/Medicaid”.

This means that Anne Walch, MHS, PA-C, and associates WILL NOT file Medicare/Medicaid, nor accept any Medicare/Medicaid payment.

The following conditions apply to all Medicare/ Medicaid beneficiaries and this contract must be read and signed by any and all Medicare/ Medicaid beneficiaries or their legal representative before any medical treatment can be rendered by Anne Walch, MHS, PA-C and associates of Healing Path Integrative Medicine.

I, \_\_\_\_\_, understand and agree to:

Give up all Medicare/Medicaid coverage of, and payment for services furnished by Anne Walch, MHS, PA-C and associates of Healing Path Integrative Medicine.

Agree not to bill Medicare/Medicaid or ask Anne Walch, MHS, PA-C or her associates to bill Medicare/Medicaid for items of service furnished by Anne Walch, MHS, PA-C and associates of Healing Path Integrative Medicine.

Agree that I am liable for all charges that I have agreed to of Anne Walch, MHS, PA-C and associates of Healing Path Integrative Medicine, without any limits that would otherwise be imposed by Medicare/Medicaid.

Agree that Medigap will not pay toward the services and that other supplemental insurers may not pay either.

Agree that I have the right to receive items or services from other medical practitioners from whom Medicare/Medicaid coverage and payment would be available.

Agree to reimburse Anne Walch, MHS, PA-C for any costs and reasonable attorney’s fees that result from violation of this contract by patient [or his beneficiaries].

Patient acknowledges that a copy of this contract has been made available to him.

\_\_\_\_\_  
 Signature of Patient

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness signature

\_\_\_\_\_  
 Date