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PRIVATE CONTRACT FOR MEDICARE PARTICIPANT

[Dr. Silvertooth is not a Medicare provider. She has “opted-out”, which means that any payments provided to Dr. Silvertooth WILL NOT be reimbursed by Medicare.]

THIS IS A PRIVATE CONTRACT BETWEEN _____, A MEDICARE BENEFICIARY, AND ERIN SILVERTOOTH, M.D.

By signing this contract, the beneficiary or the beneficiary’s legal representative (PLACE INITIALS BY EACH PARAGRAPH):

___ acknowledges the beneficiary is not facing an emergency or urgent healthcare situation at the time this contract is signed

___ acknowledges that Dr. Silvertooth is not excluded from participation in the Medicare program under section 1128 of the Social Security act

___ agrees not to submit a claim or to request Dr. Silvertooth submit a claim for payment under Medicare, even if such items and services would otherwise be covered by Medicare

___ acknowledges that Medigap plans do not, and that other supplemental insurance plans may choose to not, make payment for items and services furnished by Dr. Silvertooth under this contract

___ agrees to be responsible for payment of such items or services

___ acknowledges that no reimbursement will be provided by Medicare for such items and services, and

___ acknowledges that Dr. Silvertooth is not limited in the amount she may charge the beneficiary for the items and services furnished

Medicare ID# and Date of Birth

Signature of Patient

Date