

MURPHY PAIN CENTER PRIVATE CONTRACT

1. This agreement is between Murphy Pain Center healthcare providers, Dr. James Patrick Murphy and Karen Doggett, APRN (“MPC Providers”) and me (“Patient”).
2. I acknowledge that Dr. James Patrick Murphy and Karen Doggett, APRN (“MPC Providers”) have voluntarily opted out of the Medicare program, and that they have no plans to opt back into Medicare (although they are not excluded from participating in Medicare or any other section of the Social Security Act).
3. I acknowledge and agree that I will pay MPC Providers directly in exchange for healthcare services (“Services”).
4. I acknowledge that neither Medicare’s fee limitations nor any other Medicare payment or reimbursement regulations apply to charges for the Services.
5. I acknowledge that MPC Providers will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
6. I agree not to submit a claim (or to request that MPC Providers submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare.
7. 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.
8. I understand that Medicare payment will not be made for any items or services furnished by MPC Providers that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
9. I acknowledge that, as a Medicare beneficiary, although I have agreed to this Medicare Private Contract with MPC Providers, I still have the right to obtain Medicare-covered items and services from other physicians and practitioners who have not opted out of Medicare.

Name *[please print]*: _____ Date: _____

Patient signature: _____