

Hormone Restoration.com

Henry Lindner, MD

Private Contract for Medicare Beneficiaries

I understand that Henry Lindner, MD is excluded from Medicare under §§1128, 1156 or 1892 of the Act, indefinitely.

I understand that all terms below apply to myself or my legal representative.

I accept full responsibility for payment of Dr. Lindner's charge for all services.

I understand that Medicare limits do not apply to what Dr. Lindner may charge for items or services he furnishes.

I agree not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare.

I understand that Medicare payment will not be made for any items or services furnished by Dr. Lindner that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.

I enter into the contract with the knowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

I understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

I understand that I should receive and retain a copy of this agreement.

Signed:

Medicare beneficiary

Date

Henry Lindner, MD

Date