

Contract for Services

For Patients covered by Medicare

I, _____, understand that as of 1 January 2009 Dr. Jacobs has opted out of Medicare. She will remain in this status until 1 January 2011 at which time she may or may not change her status.

The opt out status means that Dr. Jacobs will not be accepting payment from Medicare during this period. I (or my legal beneficiary) accept full responsibility for payment of the charges for all services furnished by Hygeia during this opt out period and I understand that payment is expected at the time of services unless previous arrangements have made. I further understand that Medicare fee limits do not apply to any items sold or services provided by Hygeia or Dr. Jacobs.

As a contracted private patient I accept full responsibility for the cost of all items and services provided by Dr. Jacobs and/or her staff at Hygeia. I agree not to submit claims for reimbursement to Medicare and am not to ask Dr. Jacobs/Hygeia to file a claim on my behalf. I understand that my Medigap plan or other supplemental plans may elect not to make payments for items and services not covered by Medicare.

I understand that Medicare will not cover or provide reimbursement for any services provided by Dr. Jacobs even if Medicare would normally cover these services if provided by another Physician. I further understand that I have the right to seek Medicare covered services by another medical provider who does accept payment from Medicare and that there is no obligation to enter into this contract with Dr. Jacobs/Hygeia or to enter into a private contract with any provider who has not opted out of Medicare. I further understand that if I do elect to enter into this agreement with Dr. Jacobs I am free to seek Medicare covered services by another provider if I so choose.

My signature below indicates my understanding and acceptance of the above terms.

Signature: _____ Date: _____

Printed Name: _____

Physician Signature: _____ Date: _____