

PRIVATE CONTRACT FOR MEDICARE ELIGIBLE BENEFICIARIES

- By signing this contract I agree that I will not submit (or request that my physician submit) a claim to Medicare or its agents for services, even if such services would otherwise be covered.
- I agree to be responsible for payment of services rendered by David Brian Wexler, MD, and understand that no Medicare reimbursement will be provided for such services.
- I understand that there are no limits specified by Medicare as to the amounts which may be charged by the physician for services provided.
- I understand that Medigap plans do not, and other supplemental insurance plans may elect not to, make payment for such services.
- I understand that I have the right to have such services provided by other physicians or practitioners for whom Medicare payment would be made.
- I understand that David Brian Wexler, MD, is not excluded from participation in the Medicare program under #1128 of the Social Security Act.

Patient Name: _____ Date: _____

Physician Name: David Brian Wexler, MD Date: _____

(Dr Wexler truly regrets that the amount of paperwork that Medicare requires and the complexity of the federal regulations related to Medicare services have made it impossible for him to participate in the program)