



## **Medicare Private Contract**

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**Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary**

**Preferred Family Medicine, has not been excluded from Medicare under sections 1128,1156 or 1892 of the Social Security Act (Dr. Highley NPI# 1235191693, Dr Scullion NPI# 1134623655 ,**

1. I or my legal representative accept full responsibility for payment of charges for all services furnished by Preferred Family Medicine
2. I or my legal representative understands that Medicare limits do not apply to what (Christopher C. Highley D.O./ Amy Scullion M.D./Jeremy Bearfield M.D.) may charge for Items or services furnished.
3. I or my legal representative agree not to submit a claim to Medicare or to ask (Christopher C. Highley D.O./Amy Scullion M.D./Jeremy Bearfield M.D.) to submit a claim to Medicare.
4. I or my legal representative understand that Medicare payment will not be made for any Items or services furnished by (Christopher C. Highley D.O./Amy Scullion M.D./Jeremy Bearfield M.D.) that would have otherwise been covered by Medicare If there was no private contract and a proper Medicare claim had been submitted.
5. I or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and I or my legal representative are 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.
6. I or my legal representative 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.
7. This contract cannot be entered into by me or by my legal representative during a time when I require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual)
8. I or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract. 29375069 (04611)3-16 1
9. Preferred Family Medicine will retain the original contract (original signatures of both parties required) for the duration of the opt-out period.
10. Preferred Family Medicine will supply CMS with a copy of this contract upon request.
11. Preferred Family Medicine understands that the current private contract remains in effect for two years. If I again opt-out of Medicare, I will expediently complete a new contract for each Medicare beneficiary



**PREFERRED FAMILY MEDICINE**

**Christopher C. Highley D.O.**

**Amy Scullion M.D.**

**Jeremy Bearfield M.D. Ph.D.**

**9120 Double Diamond Pkwy**

**Reno, NV 89521**

**(775) 204-0150 (p), 775-501-6360 (f)**

and will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

**For Christopher C. Highley D.O., the expected or known effective date and expected or known expiration date of the opt-out period is 8/3/2022 (effective date) and 8/3/2024 (expiration date).**

**For Amy Scullion M.D., the expected or known effective date and expected or known expiration date of the opt-out period is 9/2/2023 (effective date) and \_09/02/2025 (expiration date).**

**For Jeremy Bearfield M.D., the expected or known effective date and expected or known expiration date of the opt-out period is 1/1/2024 (effective date) and 1/1/2026 (expiration date)**

Provider's Signature:

Christopher C. Highley D.O. / Amy Scullion M.D / Jeremy Bearfield

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_