

JAMES EDWARD GAYDOS DO

2900 CAMINO DIABLO STE 200
WALNUT CREEK, CA 94597-3993
(925) 464-2100 tel / (925) 464-2110 fax

MEDICARE PRIVATE CONTRACT

Agreed between **JAMES EDWARD GAYDOS DO** and **ENROLLED MEDICARE PART B BENEFICIARY ("BENEFICIARY")** by **INITIALLING EACH LINE BELOW AGREES:**

(Patient's Name)

____1) BENEFICIARY or their Legal Representative AGREE to be fully responsible for all items and services provided by Dr Gaydos. No reimbursement will be made by Medicare.

____2) BENEFICIARY or their Legal Representative AGREE that no limits under the Medicare program apply to amounts charged by Dr Gaydos.

____3) BENEFICIARY or their Legal Representative AGREE not to submit claims for payment to Medicare, and will not ask Dr Gaydos to submit claims to Medicare for his services.

____4) BENEFICIARY or their Legal Representative AGREE that Medicare Payments will not be made for services furnished by Dr Gaydos that may have otherwise been covered by Medicare if there were no Private Contract and a proper Medicare claim had been submitted.

____5) BENEFICIARY or their Legal Representative AGREE that they have the Right to obtain Medicare-covered services from a Provider who has not opted-out of Medicare. The BENEFICIARY or their Legal Representative is not compelled to enter into this PRIVATE CONTRACT with Dr Gaydos for Medicare-covered services furnished by other Providers who have not opted-out of Medicare.

____6) BENEFICIARY or their Legal Representative AGREE that MEDIGAP PLANS WILL NOT, and other Supplemental Insurance MAY elect not to make payments for services provided by Dr Gaydos.

____7) BENEFICIARY or their Legal Representative UNDERSTAND that Dr Gaydos HAS BEEN EXCLUDED from participation with MEDICARE.

____8) BENEFICIARY or their Legal Representative UNDERSTAND AND AGREES that CMS may request a copy of this PRIVATE CONTRACT at any time.

____9) BENEFICIARY or their Legal Representative agree this PRIVATE CONTRACT was not presented for signature during an EMERGENCY, and DOES NOT pertain to EMERGENCY CARE.

BENEFICIARY/Legal Representative_____

JAMES EDWARD GAYDOS DO (NPI 179 077 8439)_____

TODAY'S DATE: _____