

PATIENT AND PHYSICIAN MEDICARE OPT OUT FINANCIAL AGREEMENT

I, _____ (Patient), agree to personally be financially liable for all charges, without any limits that otherwise would be imposed, for all Medicare covered services provided by Robin Fleck, MD (Physician) from the date of this contract for as long as I use her services.

Physician agrees to provide the following services to Patient: wellness consultation, office visits, routine examination (one per year), unlimited calls and related discussions for preventative health reasons.

In exchange for the above services, the Patient agrees to make payments to Physician pursuant to the attached Retainer Agreement. Patient also agrees, understands and expressly acknowledges the following:

_____ I agree not to bill or ask Physician to bill Medicare, Medigap or other supplemental insurer for these services, even if they are covered by Medicare Part B.

_____ I understand that Medicare payment will not be made for Medicare-eligible services from this Physician that otherwise would have been paid by Medicare.

_____ I understand that neither Medicare's fee limitation nor any other Medicare reimbursement regulations apply to charges for the services.

_____ I also understand that I retain the right to receive services from other physicians who have not opted out and for whom Medicare coverage and payment is available.

_____ I also understand that payment for services is due at the time services are performed and that I may pay by ACH withdrawal.

_____ I am not currently facing an emergency or urgent health situation.

_____ I acknowledge that a copy of this contract has been made available to me.

Patient

Date

I, Robin Fleck, MD, have informed Patient that I have opted out of the Medicare program effective February 1, 2009 and I further state that I have not been excluded from participating in Medicare Part B under any section of the Social Security Act.

Robin Fleck, MD

Date