

ADVANCED MEDICINE ALTERNATIVES, LTD.

Section 1802 of the Social Security Act permits a physician or practitioner to “opt-out” of the Medicare reimbursement program and to enter into PRIVATE CONTRACTS with eligible Medicare beneficiaries for payment of the physician’s or practitioner’s services. Medicare has not excluded Dr. Kramer from participation in any of its programs. Instead, because of Medicare reimbursement and penalty policies, Dr. George Kramer of Advanced Medicine Alternatives, Ltd. has voluntarily chosen to “opt-out” of Medicare. This means that he will not bill Medicare for items and services provided to you. It further means that he is not entitled to receive reimbursement from Medicare or from any other carrier or organization that would receive Medicare benefits on your behalf.

PRIVATE CONTRACT

You have the right to obtain items and services from physicians and practitioners who have not opted out of Medicare. However, in signing this PRIVATE CONTRACT as provided by Section 4507 of the Balanced Budget Act of 1997, you are acknowledging that you understand the above statement, and that you are voluntarily agreeing to and understand the following:

1. George Kramer, M.D. has voluntarily “opted out” of the Medicare reimbursement program, effective June 1, 2018 for a two-year period of time (through June 1, 2020) for all items and services he provides through Advanced Medicine Alternatives, Ltd.
2. Dr. Kramer will not bill Medicare for any items or services he provides to me and will not accept reimbursement from Medicare or any carrier or organization who might receive Medicare benefits on my behalf.
3. I am responsible for full payment of Dr. Kramer’s charges for all services and items furnished, and I understand that Medicare limits do not apply to Dr. Kramer’s charges.
4. I agree not to submit a claim to Medicare for any of Dr. Kramer’s services or items.
5. I understand that Medicare payment will not be made for any items or services furnished by Dr. Kramer that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
6. I understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid by Medicare.
7. I acknowledge that this contract has not been entered into during a time when I (the beneficiary) required emergency care or urgent care services. I further acknowledge that I entered into this contract before any services or items were provided to me (beneficiary) by Dr. Kramer.
8. I (beneficiary) understand that I have (beneficiary has) the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare. I further understand that I am 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 of Medicare.

Date: _____

Date: _____

Signature: _____
Beneficiary or Legal Representative

M.D.

Print Name: _____
Beneficiary or Legal Representative

George H. Kramer, M.D. _____

If signed by Legal Representative, please print Beneficiary’s name: _____

With my signature, I acknowledge that I have received a copy of the above contract.