

# Between The Bridges Healing Center LLC

45 Teton Lane  
Mankato, MN 56001  
Phone: 507-388-7488  
Fax: 507-388-5680

**This form is for Medicare patients only**

## Private Contract

This agreement is between: Jeffrey Kotulski, D.O whose principal place of business is 45 Teton Ln, Mankato, MN 56001 and

Beneficiary: \_\_\_\_\_

Who resides at: \_\_\_\_\_

Medicare ID#: \_\_\_\_\_

And is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Beneficiary or legal representative that Physician has opted out of the Medicare program effective January 1, 2018 for a period of at least two years to expire on December 31, 2019. The Physician is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Beneficiary or legal representative agrees, understands and expressly acknowledges the following: (acknowledge statements by placing initials on line provided)

\_\_\_\_ Beneficiary or legal representative accepts full responsibility for payment of the physicians charge for all services furnished by the physician.

\_\_\_\_ Beneficiary or legal representative understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.

\_\_\_\_ Beneficiary or legal representative agrees not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.

\_\_\_\_ Beneficiary or legal representative understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

\_\_\_\_ Beneficiary or legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary is 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.

\_\_\_\_ Beneficiary or legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

\_\_\_\_ Beneficiary or legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

\_\_\_\_ Beneficiary or legal representative acknowledges that a copy of his contract has been made available to them.

Executed on Date: \_\_\_\_\_

\_\_\_\_\_  
By Beneficiary or legal representative

\_\_\_\_\_  
Jeffrey Kotulski, D.O