



Dr. Ray McClanahan, DPM  
Dr. Nicolette Callan, ND, MS  
P: 503.243.2699

### **Private Contract**

This agreement is between Northwest Foot and Ankle, LLC, whose principal place of business is 9600 SW Nimbus Ave, Suite 160, Beaverton, OR 97008 and

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

Who Resides At: \_\_\_\_\_

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

The party designated above 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 the Beneficiary or his/her legal representative that the Physician has chosen to opt out of the Medicare program effective on August 1, 2001. The physician is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

#### **The beneficiary or his/her legal representative agrees, understands, and expressly acknowledges the following:**

(initial all)

\_\_\_\_\_ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician's charge for any and all services furnished by the physician.

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

\_\_\_\_\_ Beneficiary or his/her 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 an acceptable Medicare claim had been submitted.

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

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

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

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

Executed on: \_\_\_\_\_ (Date)

By: \_\_\_\_\_  
(Beneficiary or his/her legal representative)

And: \_\_\_\_\_  
(Authorized Representative, Northwest Foot and Ankle, LLC)