

BETHANY KLUG, D.O.
MEDICARE PRIVATE CONTRACT

Dear Patient with Medicare:

Holistic Medicine by law is not covered by Medicare. For absolute clarity on this issue, I have been advised to officially opt-out of Medicare. This means that patients with Medicare have to sign an agreement which explains what this means before I can see them. That's what this contract is about. Please read it very carefully. I will be happy to answer any questions about it before you sign it.

I am eligible to participate in Medicare, Medicare managed care programs, and the related programs referred to as Medigap and Medicare Advantage. **However, I have chosen not to participate in the Medicare program and have notified Medicare that I have opted out of the Medicare program effective from April 28, 2010 through April 27, 2012** . By signing below, the two of us mutually acknowledge that I have opted out of Medicare for that period and the following additional points:

1. Because I have opted out of Medicare and do not provide my medical services through Medicare, any Medicare managed care plan, Medigap or Medicare Advantage, I cannot bill Medicare, any Medicare managed care plan, Medigap, or Medicare Advantage for the services I provide to you or receive payment from Medicare, any Medicare managed care plan, Medigap or Medicare Advantage for those services.
2. You will be solely responsible for paying my fees and other charges for my services directly and in full. You accept full responsibility for paying those fees and charges. Because I have opted out of Medicare, my fees and charges are not limited to what Medicare, a Medicare managed care plan, Medigap, or Medicare Advantage would pay if I were participating in the Medicare program. Your payment to me is expected at the time of service.
3. In addition to Medicare, a Medicare managed care plan, Medigap, or Medicare Advantage not paying me directly for the services I provide to you, they will also not reimburse you for any payments you make to me. You should not submit any claim to



Bethany Klug, DO

Restoring Health with Holistic Medicine

4121 W. 83rd St. • Suite 106 • Prairie Village, KS 66208 • Phone 913.642.1900 • Fax 913.642.1901
drklug@bethanyklug.com • www.bethanyklug.com • www.thedoctorcooks.com

Page 1 of 3

4/30/2010

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Medicare, any Medicare managed care plan, Medigap, or Medicare Advantage for any service I have provided to you. If you do submit such a claim for my services, neither Medicare, the Medicare managed care plan, Medigap nor Medicare Advantage will pay it.

4. This agreement may not be, and is not being, entered into during a time when you require emergency care services or urgent care services. If you feel that the services you are seeking from me are emergent or urgent in nature, you should not sign this agreement with me.

5. You have the right to obtain Medicare-covered items and services from physicians and other practitioners who have not opted out of Medicare and for whom payment would be made by Medicare for those covered services. By signing this agreement, you have not been compelled to enter into any other agreement that applies to Medicare-covered services furnished by other physicians or practitioners who have not opted out of Medicare.

6. I will retain this agreement, with our original signatures, for the duration of the period stated above and will make it available to you and the Centers for Medicare Medicaid Services ("CMS") upon request. I will also provide a copy of this agreement to you, or to your legal representative, before I provide you with any services.

7. You have been given a full and complete opportunity to read and review this agreement prior to signing it. The agreement has been written in sufficiently large print for you to read it, and you have been given the opportunity to discuss it with me and my staff. To the extent we have been able, we have answered all questions you have asked us prior to your signing this agreement.

8. This agreement will remain in effect until the end of the period listed above. It will expire at the end of that period unless renewed.

Thank you very much for your close attention to this letter and your agreement as to all of the above. Again, I am very happy to have you as my patient and look forward to a mutually rewarding relationship.



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Page 2 of 3

4/30/2010

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Acknowledged and Agreed:

Very Truly Yours,

Patient or Legal Representative
(Printed)

Bethany Klug, D.O.
4121 W. 83rd Street, Suite 106
Prairie Village, KS 66208
(913) 342-1900

Signature of Patient or Legal
Representative

National Provider Identifier:

Date: _____

Date: _____

Home Address

Telephone Number



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Page 3 of 3

4/30/2010

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