



Dean Chier, MD

office 206-906-9786
fax 206-906-9246
EHR fax 206-902-2008
info@deanchiermd.com

Lake City Professional Center
2611 NE 125th St., Ste 90
Seattle, WA 98125
www.deanchiermd.com

A PRIVATE CONTRACT BETWEEN DEAN CHIER, MD

AND _____, A MEDICARE BENEFICIARY

I, Dean Chier, MD have not been excluded from Medicare under (1128), (1156) or (1892) of the Social Security Act.

I, the Medicare beneficiary, or my legal representative, accept full responsibility for payment of charges for all services furnished by Dean Chier, MD.

I, the Medicare beneficiary, or my legal representative, agree not to submit a claim to Medicare or to ask Dean Chier, MD to submit a claim to Medicare.

I, the Medicare beneficiary, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by Dean Chier, MD that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.

I, the Medicare beneficiary, or my legal representative, enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted out of Medicare, and 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.

The expected or known effective date and expected or known expiration date of the opt-out period is 10/27/2016 until I decide to opt back in.

I, the Medicare beneficiary, or my legal representative, understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

This contract cannot be entered into by myself, the Medicare beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services. (However, a physician/ practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual.)

I, the Medicare beneficiary, or my legal representative, will receive or have received a copy (a photocopy is permissible) of this contract before items or services are furnished to me under the terms of this contract.

I, Dean Chier, MD, will retain the original contract (original signature of both parties required) for the duration of the opt-out period.

I, Dean Chier, MD, will supply the Center for Medicare Services with a copy of this contract upon request.

Dean Chier, MD: _____

Date: _____

Patient's Signature: _____

Date: _____

Patient's Legal

Representative Signature: _____

Date: _____

Witness: _____

Date: _____