

Annette Hanian OD
COMPLETE VISION CARE CENTER
PRIVATE CONTRACT
13840 N. Northsight Blvd, #105
Scottsdale, AZ 85260

I, Annette Hanian OD, 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 the payment of charges for all services furnished by Annette Hanian OD. _____

I, the Medicare beneficiary or my legal representative, understand that Medicare limits do not apply to what Annette Hanian OD may charge for items or services furnished. _____

I, the Medicare beneficiary or my legal representative, agree not to submit a claim to Medicare or to ask Annette Hanian OD 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 Annette Hanian OD that would have otherwise been covered by Medicare if there was 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 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 who have not opted-out. _____

The known effective date of the opt-out period is 07-10-2007.

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

This contract cannot be entered into by myself, the Medicare beneficiary or my legal representative during a time when I require emergency care services or urgent care services.

I, the Medicare beneficiary or my legal representative, will receive a copy of this contract before items or services are furnished to me under the terms of this contract. _____

I, Annette Hanian OD, will retain the original contract for the duration of the opt-out period.

I, Annette Hanian OD, will supply CMS with a copy of this contract upon request.

I, Annette Hanian OD., understand that the current private contract remains in effect for two years. If I again opt-out of Medicare, I will expediently complete a new contract for each Medicare beneficiary and will expediently submit the appropriate affidavits to all local Medicare carriers.

Provider

Date _____

Patients Signature or Legal representatives signature

Date _____

Witness

Date _____