

Medicare Patient Contract

This agreement is between two companies and the patient.
Company 1: Comprehensive Gastrointestinal Health, LLC.
Company 2: GI Anesthesia Providers of Illinois, PLLC.

Patient's first and last name:

("Patient"), who resides at: _____

_____ is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997.

Comprehensive Gastrointestinal Health, LLC and GI Anesthesia Providers of Illinois, PLLC have informed Patient that the physicians and allied health practitioners at Comprehensive Gastrointestinal Health, LLC and GI Anesthesia Providers of Illinois, PLLC have opted out of the Medicare program effective on September 4, 2018 for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act

Comprehensive Gastrointestinal Health, LLC and GI Anesthesia Providers of Illinois, PLLC agree to provide the following medical services to Patient (the "Services"): office consultations, hospital consultations, inpatient and outpatient endoscopic procedures including esophagogastroduodenoscopy (upper endoscopy), enteroscopy, colonoscopy, and flexible sigmoidoscopy, and anesthesia-related services. In exchange for the Services, the Patient agrees to make payments to Comprehensive Gastrointestinal Health, LLC and GI Anesthesia Providers of Illinois, PLLC pursuant to the Attached Fee Schedule.

Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Comprehensive Gastrointestinal Health, LLC and/or GI Anesthesia Providers of Illinois, PLLC submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation

- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient 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.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Comprehensive Gastrointestinal Health, LLC and GI Anesthesia Providers of Illinois, PLLC will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient 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 were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him.
- Patient agrees to reimburse Comprehensive Gastrointestinal Health, LLC and/or GI Anesthesia Providers of Illinois, PLLC for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his beneficiaries.

Patient Signature: _____

Staff Witness Signature: _____

Executed on (date): _____