



2721 FM 2718 Cuero, TX 77954  
361-233-1151  
[www.drzmedicalclinic.com](http://www.drzmedicalclinic.com)

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## MEDICARE OPT OUT CONTRACT

"This agreement is between Dr. Claire Zengerle ("Physician"), whose principal place of business is 2721 FM 2718 Cuero, TX 77954, and patient \_\_\_\_\_ ("Patient"), who resides at \_\_\_\_\_ and is a Medicare beneficiary seeking services as a private pay patient. The Physician has informed Patient that Patient has the right to see a physician who participates in Medicare and agrees to accept the Medicare payment as payment in full. By signing this Medicare Opt Out Contract, Patient understands and agrees that Patient will be treated on a private pay basis by Dr. Zengerle, and that no Medicare claim will be filed.

Physician agrees to provide the following medical services to Patient (the "Services"): office visits and telemedicine visits as would be typically provided by a primary care physician. Refer to website, [drzmedicalclinic.com](http://drzmedicalclinic.com) for a detailed list of services provided.

\_\_\_\_\_ Patient agrees not to submit a claim (or request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare.

\_\_\_\_\_ 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 secondary insurance 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, to make payment in full for the Services, and acknowledges that Physician 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 Physician for any costs and reasonable attorney's fees that result from violation of this Agreement by Patient or his beneficiaries.

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

by \_\_\_\_\_ (Patient Name)

and Claire Zengerle, DO. (Physician Name)

\_\_\_\_\_  
[Patient Signature]

\_\_\_\_\_  
[Physician Signature]