



BELL CENTER FOR ANXIETY AND DEPRESSION

AMENDMENT TO MEDICARE PRIVATE CONTRACT

I, the undersigned, agree to the following amendment of my Medicare Private Contract (the "Agreement") with the Bell Center for Anxiety and Depression (the "Practice") and Elspeth Bell, Ph.D. ("Dr. Bell"):

1. The first paragraph of Attachment B is replaced with the new paragraph below:
 - Dr. Bell has opted out of the Medicare program effective on July 1, 2015, for a period of four years, through June 30, 2019.
2. I hereby affirm and agree to all other provisions of the Medicare Private Contract signed on _____, including the Medicare private contract in Attachment B to that agreement.

Patient Name: _____
(please print)

Bell Center for Anxiety and Depression

Patient Signature: _____

By: _____
Elspeth Bell, Ph.D.

Date: _____

Date: _____