



BELL CENTER FOR ANXIETY AND DEPRESSION

Medicare Private Contract

To be completed by Patients with Medicare currently and by Patients expecting to receive Medicare within the next 2 years

I, _____, wish to receive psychotherapy and other professional services from the Bell Center for Anxiety and Depression (the "Practice") and Elspeth Bell, Ph.D. ("Dr. Bell"). In choosing to do so, I agree, understand, and expressly acknowledge the following:

- Dr. Bell has opted out of the Medicare program effective on July 1, 2015, for a period of four years, through June 30, 2019.
- Dr. Bell is not excluded from participating in Medicare under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.
- I accept full responsibility for payment of Dr. Bell's charges for all psychotherapy and other related items and services ("Services") furnished to me by Dr. Bell.
- Medicare fee limitations do not apply to what Dr. Bell may charge for the Services she provides to me.
- I, or anyone on my behalf, will not submit a claim (or request that Dr. Bell submit a claim) to the Medicare program for payment for any Services provided to me by Dr. Bell, even if the Services are covered by Medicare.
- Dr. Bell will not submit a Medicare claim for Services she furnishes to me, and no Medicare reimbursement will be provided for such Services.
- Medicare payment will not be made for any Services provided to me by Dr. Bell, even if those Services would have otherwise been covered by Medicare if I had not signed this Medicare Private Contract, and a proper Medicare claim had been submitted.
- I enter into this Medicare Private Contract with the knowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have 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 of Medicare.
- Medigap plans do not, and other supplemental plans may elect not to, provide payment or reimbursement for items and services (such as any Services provided to me by Dr. Bell) not paid for by Medicare.
- I am not currently in an emergency or urgent health care situation, and do not currently require emergency care or urgent health care services.
- A copy of this Medicare Private Contract will be provided to me.

Patient Name

Elspeth Bell, Ph.D.

Patient Signature

Date: _____

Date: _____