

MEDICARE PRIVATE CONTRACT AGREEMENT (OPT-OUT PROVIDER – LMFT)

Provider Information

Name: Jennifer Jill Lehr, LMFT

NPI: 1437166782

Practice Name: Jennifer Jill Lehr LMFT

Address: PO Box 507, Olga WA 98279

Patient Information

Name:

Date of Birth:

1. Opt-Out Status

I, Jennifer Jill Lehr, LMFT am a licensed Marriage and Family Therapist who has formally opted out of Medicare. I will not submit claims to Medicare for services provided.

2. Agreement to Private Pay

The patient agrees to receive services on a private-pay basis only and understands:

- Medicare will not pay for services provided
- No claims will be submitted to Medicare
- The patient cannot seek reimbursement from Medicare
- The patient is responsible for full payment

3. Acknowledgment of Medicare Options

The patient understands they may seek services from a Medicare-participating provider and are choosing not to use Medicare benefits for services with this provider.

4. No Medicare Billing

Both parties agree that no Medicare claim will be submitted and no reimbursement will be sought.

5. Term of Agreement

This agreement is effective from:

It remains in effect for the provider's Medicare opt-out period:

6. Services and Fees

Services:

Session Fee: \$

Payment terms: Due at time of service

7. Emergency or Urgent Care

This agreement does not apply to services that Medicare defines as emergency or urgent care. Patients retain the right to seek such services from Medicare-participating providers.

8. Patient Acknowledgment

The patient confirms they understand this is a private contract, agree to pay out-of-pocket, and understand Medicare will not reimburse them.

Signatures

Patient Name: _____

Signature: _____

Date: _____

Provider Name: _____

Signature: _____

Date: _____