



GUTTMAN & PEARL  
ASSOCIATES

Private Contract

This agreement is between \_\_\_\_\_(Therapist),

whose principal place of business is:  
6000 Executive Blvd., Suite 530, Rockville, MD 20852,

and

Beneficiary: \_\_\_\_\_

Who resides at: \_\_\_\_\_

Medicare ID #: \_\_\_\_\_

and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Therapist has informed Beneficiary or his/her legal representative that Therapist has opted out of the Medicare program effective on January 1, 2016.

Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:

Initial All

\_\_\_\_\_ Beneficiary or his/her legal representative accepts full responsibility for payment of the Therapist’s charge for all services furnished by the Therapist.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the Therapist may charge for items or services furnished by the Therapist.

\_\_\_\_\_ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the Therapist to submit a claim to Medicare.

**6000 executive blvd.  
suite 530  
rockville md, 20852**

**301.984.0322**

**4545 42nd st. nw.  
suite 200**

**washington dc, 20016**

**202.363.9191**

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the Therapist that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

\_\_\_\_\_ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from Therapists and practitioners who have not opted out of Medicare, and the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other Therapists or practitioners who have not opted out.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

\_\_\_\_\_ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

\_\_\_\_\_ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him.

Executed on: \_\_\_\_\_  
Date

By: \_\_\_\_\_  
Beneficiary or his/her legal representative

And: \_\_\_\_\_  
Therapist