Dr. Sheera Siegel
10 James Street, Suite 140 • Florham Park, NJ 07960
Phone: 973-665-8100 • Fax: 973-665-8097

Medicare Private Contract
Provider: Dr. Sheera Siegel

Patient Name: _____

Date: _____

Contract Overview

This agreement is between Dr. Sheera Siegel, who has opted out of Medicare, and the above-named Medicare beneficiary. By signing this contract, the patient agrees to receive services privately and acknowledges the financial and coverage implications outlined below.

1. Provider's Opt-Out Status

I understand that Dr. Sheera Siegel has formally opted out of Medicare and cannot submit claims to Medicare for any services provided to me. I further understand that Dr. Siegel is not excluded from participating in Medicare under sections 1128, 1156, or 1892 of the Social Security Act.

2. No Submission of Claims to Medicare

I agree that neither I nor anyone acting on my behalf will submit a claim to Medicare for services provided by Dr. Siegel. I understand that Medicare will not reimburse me for any services received under this contract.

3. Financial Responsibility

I understand that:

- I am fully responsible for payment of all services provided by Dr. Siegel.
- Medigap plans do not, and other supplemental insurance plans may elect not to, make payment for the services provided under this contract, because Medicare will not make payment for those services.
- Medicare Advantage plans will not cover services from an opted-out provider except in emergency or urgent care situations.

4. Fees and Medicare Limits

I understand that Dr. Siegel's fees are not limited by Medicare's fee schedule, and I agree to pay the practice's private-pay rates. I understand that Medicare payment limits, including limiting charge amounts, do not apply to the amounts Dr. Siegel may charge for these services.

5. Voluntary Agreement

I enter this contract voluntarily, without pressure or requirement. I understand that I may seek care from a Medicare-participating provider at any time. I acknowledge that I have the right to receive 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.

6. Emergency or Urgent Care

I understand that this contract does not apply to emergency or urgent care services. Medicare coverage rules still apply in those situations.

7. Effective Dates

This contract is effective on the date signed provided it is signed before any item or service covered by this contract is furnished, and remains in effect until:

- I choose to terminate it in writing, or
- Dr. Siegel's Medicare opt-out period ends or is not renewed.

Dr. Siegel's current two-year Medicare opt-out period has an expected effective date of January 1, 2027 and an expected expiration date of December 31, 2028. I understand that a new private contract must be executed for each subsequent two-year opt-out period.

8. Patient Rights and Records

I understand that I will continue to have access to my medical records and may request copies at any time.

Patient Statement

I have read and fully understand this Medicare Private Contract. I agree to receive care privately and accept full financial responsibility for all services provided by Dr. Sheera Siegel. I acknowledge that I have received a copy of this contract before any item or service under it was furnished to me.

Signatures:

Patient Name: _____

Patient Signature: _____

Date: _____

Provider Signature: _____
Dr. Sheera Siegel

Date: _____