**WHAT YOU NEED TO KNOW**

* I. H.O.P.E. practitioners, Joanne Pizzino, MD, **DOES NOT** **PARTICIPATE WITH MEDICARE**. We are excluded from Medicare under §§1128, 1156 or 1892 of the Social Security Act. **We will not file Medicare claims for you, and you cannot file claims for our services.**
* By accepting this contract, **YOU OR YOUR LEGAL REPRESENTATIVE** **ACCEPT FULL RESPONSIBILITY FOR PAYMENT** of the practitioner’s charge for all services furnished by the practitioner at the time of services.
* Because we do not contract with Medicare, the charges for our services are not limited what Medicare allows the practitioner may charge for items or services furnished by us.
* **YOU AGREE NOT TO SUBMIT A CLAIM TO MEDICARE OR TO ASK THE PRACTITIONER TO SUBMIT A CLAIM TO MEDICARE,** even if such services are covered by Medicare Part B.
* **NO REIMBURSEMENT WILL BE PROVIDED BY MEDICARE.**
* Medicare payment will not be made for any items or services furnished by the practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted. This means **YOU WILL NOT BE REIMBURSED BY MEDICARE FOR ANY SERVICES AT OUR CLINIC.**
* You are entering into this contract with the knowledge that you have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that you are 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.
* I.H.O.P.E. is opted out of Medicare as of 1 February 2016 and is expected to continue to opt out without expiration.
* Private insurance which supplements Medicare, called “Medigap plans” do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare. **THIS MEANS YOUR MEDICARE SUPPLEMENTAL INSURANCE MAY NOT REIMBURSE FOR WHOLE HEALTH SOLUTIONS SERVICES WHEN MEDICARE DOES NOT.**
* You acknowledge that you are not currently in an emergency or urgent health care situation when signing this contract.
* You agree to reimburse I.H.O.P.E. for any costs and reasonable attorney fees if you or your legal representatives violate this private contract.
* Joanne Pizzino, MD, practices telemedicine with a mailing address of practice 539 W. Commerce St. PMB 1215 Dallas TX 75208.
* You are a Medicare Part B beneficiary seeking services covered under Medicare Part B under Section 4.507 of the Balanced Budget Act of 1997.

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* By signing, you acknowledge you have been given a copy of this contract.

This contract is entered into between Joanne Pizzino, MD, (Medical Director) and

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Print Patient Name Patient Address

It is executed as of the date next to each signature.

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Patient Signature (or legal representative) Date

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Physician Signature Date