



843 MILLER VALLEY ROAD, SUITE 204, PRESCOTT, AZ 86301,
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This agreement is between Robert Zieve, MD, whose principal place of business is Pine Tree Clinic for Comprehensive Medicine, 843 Miller Valley Road, Suite 204, Prescott, AZ 86301, and patient _____, who resides at _____ 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. Robert Zieve, MD has informed patient _____ that Robert Zieve, MD has opted out of Medicare effective 1/1/2009 for a period of at least two years for all covered items and services he furnishes to Medicare beneficiaries.

In exchange for the Services, the Patient agrees to make payment to Robert Zieve, MD. Patient _____ also agrees, understand, and expressly acknowledges the following:

Initial next to each item

- Patient agrees not to submit a claim (or to request that Dr. Zieve submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation (in accordance with 3044.28)
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Service.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he/or she has a right, as a Medicare beneficiary, to obtain Medicare covered-items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is 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.

- Patient agrees to be responsible to make payment in full for Services, and acknowledges that Dr. Zieve will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him/or her.

Executed on date _____ by patient _____ and Robert Zieve, MD.

Patient Signature

Robert Zieve, MD