

**MEDICARE
PRIVATE CONTRACT**

By signing this contract I understand and agree that I will not submit (or request that my general dentist submit) a claim to Medicare or its agents for services provided by **Angela P. Moss DDS** even if such services would otherwise be covered.

I agree to be fully responsible, through insurance or otherwise, for payment of services rendered by **Angela P. Moss DDS** and I understand that no claims will be submitted to Medicare and no Medicare reimbursement will be provided for these services.

I understand that there are no limits specified by Medicare as to the amounts that may be charged by my general dentist for services provided.

I understand that Medigap plans do not, and other health and medical care insurance plans may elect not to, make payments for such services.

I understand that I have the right to have services provided by other general dentists or other practitioners for whom Medicare payment would be made, and that I am not compelled to enter into private contracts that apply to covered care furnished by other health care professionals who have not opted-out.

I understand that **Angela P. Moss DDS** is not excluded from participation in the Medicare program under Section 1128 of the Social Security Act or pursuant to any other legal authority.

This contract is effective on _____, and it will not expire until the patient is released from Treatment with **Angela P. Moss DDS**

Patient Name: _____

Patient's Signature: _____

General Dentist's Signature: _____