

**WELL PRIMARY CARE, LLC**  
**MEDICARE PRIVATE CONTRACT FOR SERVICES**

I hereby agree, understand and expressly acknowledge the following:

1. Dr. Beth Renzulli and Dr. Ann Marie Johnson are opted out of Medicare.
2. Neither Dr. Renzulli, Dr. Johnson, nor Well Primary Care (the "Practice") is excluded from participating in Medicare Part B under Sections 1128, 1156 or 1892 or any other section of the Social Security Act.
3. I am or will soon be a Medicare Beneficiary, that is, an individual who has health insurance provided by Medicare.
4. I or my legal representative accept full responsibility for payment of all charges for medical and other related items and services ("Services") furnished to me by the Practice or either doctor.
5. I will not send a claim (or request that either doctor submit a claim) to the Medicare program on my behalf in order to seek payment for any Services provided to me by the Practice or either doctor.
6. Medicare fee limitations do not apply to what Dr. Renzulli or Dr. Johnson may charge for the Services they provide to me.
7. Medicare will not pay for any of the Services provided to me by Dr. Renzulli or Dr. Johnson or the Practice that would otherwise have been covered by Medicare if there was no private contract and a Medicare claim had been submitted.
8. I enter into this private contract with the knowledge that I have the right to obtain Medicare-covered items and services from physicians who have not opted out of Medicare and that I am not obligated to enter into private contracts that apply to other Medicare-covered services furnished by other physicians who have not opted out of Medicare.
9. Medigap plans do not provide payment or reimbursement for items and services (such as any Services provided to me by the Practice, Dr. Renzulli, or Dr. Johnson) not paid for by Medicare, and other supplemental plans may likewise deny payment or reimbursement for such services.
10. This private contract is not being entered into during a time when I require emergency or urgent care.
11. A copy of this Private Contract has been provided to me.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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**KEEP THIS COPY FOR YOUR RECORDS**

\_\_\_\_\_  
Patient Name (please print)

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Patient Signature

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Date