



January

Dear Patients:

Happy New Year. I hope this letter finds you in good health and spirits.

You are receiving this letter to request your continuation of the “private contract for medical services” with a pre-payment for 20\_\_\_\_. The fee is the same as it has been since 2011: \$300 per person, \$500 per couple.

Your annual fee is pre-payment for one hour of medical care and covers administrative costs. Additional care is provided based on time (measured at the discretion of Dr. Zwaan) at the rate of \$50/15 minutes. Terms of the contract are unchanged from previous years, and a copy of the contract is provided on the back of this letter. Kindly mail in your payment by 2/ / with the enclosed stub, or pay on-line through our secure portal at **updox.com**. Contact us if you wish to make other arrangements or if you have any questions.

As a reminder, and for your convenience, we have a secure patient portal, **UPDOX (<http://drzwaan.myupdox.com>)**. You can receive test results, communicate securely, request, confirm or cancel appointments, and make payments electronically through the portal. Please let us know if any of your contact information has changed.

Thank you for continuing to support this practice. We strive to offer medical care in an “uncomplicated, small setting with easy access.” I hope you agree that we come close to that goal and that you will remain in this practice on a private contract basis. We also welcome your referrals of patients wishing to join us on a private contract basis, depending on availability.

We look forward to seeing you again. I encourage you to remain current with annual physicals, and to address problems as they arise. I welcome your participation in your health, and your feedback.

Best wishes,

Dr. Zwaan and staff



January

Dear Patient:

Happy New Year. I hope this letter finds you in good health and spirits. You are receiving this letter because our records indicate that you may have enrolled in or become eligible to enroll in Medicare in 20\_\_\_\_. As you know, I do not participate in Medicare.

If you do enroll in Medicare, kindly contact us or inform us of your plans for future health care. We will be glad to review your options with you. I hope you will continue your care with me on a “private contract” basis.

The “private contract for medical services” requires an annual fee of \$300 per person, or \$500 per couple. Your annual fee is pre-payment for one hour of medical care and covers administrative costs. Additional care is provided based on time (measured at the discretion of Dr. Zwaan) at the rate of \$50/15 minutes. A copy of the contract is provided on the back of this letter. It essentially states that the cost for my services is an out-of-pocket expense, not reimbursed by insurances. All other aspects of your care, such as testing and care by other providers, will continue to be covered by your insurance.

Thank you for choosing and supporting this practice; We strive to offer medical care in an “uncomplicated, small setting with easy access.” I hope you agree that we come close to that goal and that you will remain a patient in this practice. Your continued patronage indicates that you care about the way you receive your health care. We also welcome your referrals of patients wishing to join us, depending on availability.

We look forward to seeing you again. I encourage you to remain current with annual physicals, and to address problems as they arise. I welcome your participation in your health, and your feedback.

Best wishes,

Dr. Zwaan and staff

As a reminder, and for your convenience, we have a secure patient portal, UPDOX (<http://drzwaan.myupdox.com>). You can receive test results, communicate securely, request, confirm or cancel appointments, and make payments electronically through the portal. Please let us know if any of your contact information has changed.

## Private Contract for Medical Services

The undersigned parties, described in this document as “the patient” and “the practice,” hereby enter into an agreement for medical services. Description of charges are outlined on the reverse of this document.

The Physician and Practice:

- is not excluded from participating in Medicare Part B under Sections 1128, ( 1156, 1892) or any other sections of the Social Security Act.
- agree to provide medical services to the patient, including services normally covered under Medicare Part B rules.
- has hereby informed the patient that the practice has opted out of the Medicare program effective October 1, 2010 for a period of at least two years.
- will not submit any claim to medicare for any item or service provided to any Medicare beneficiary.

The Patient:

- is a Medicare Part B beneficiary.
- is seeking services which may be covered under Medicare Part B rules.
- acknowledges that he/she has the right and option to receive services and items from other physicians and practioners who participate in Medicare and have not opted out.
- agrees to forego all Medicare coverage and payment for medical services provided by this pratice and acknowledges that no reimbursement will be provided by Medicare for such items and services.
- agrees not to submit a claim to Medicare, or ask the practice or its agents to bill Medicare for services provided by this practice, even if such items or services would otherwise be covered by Medicare.
- acknowledges that Medigap insurance plans will not provide payment or reimbursement, because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement for items or services furnished by practice under contract.
- acknowledges that Medigap insurance plans will not provide payment or reimbursement, because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement for items or services furnished by practice under contract.
- acknowledges that he/she is not currently in a emergency or urgent health care situation.
- acknowledges that he/she enters into this contract voluntarily and of his/her own free will, and a copy of this contract and applicable fee schedule has been provided.
- Agrees to be responsible to pay the practice in full according to the most current fee schedule in exchange for medical services.
- Acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursements' regulations apply to charges for these services.

\_\_\_\_\_  
Medicare Beneficiary or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Anthony C. Zwaan, MD