

MEDICARE OPT-OUT PRIVATE CONTRACT

I, _____, have read the letter sent to me by James A. Arond-Thomas, M.D., describing the billing arrangements between the Center for Contemporary Medicine and Medicare for services provided to me. I understand that Dr. Arond-Thomas is now becoming a private contracting physician, and that neither the doctor nor I may receive any re-imburement from Medicare for his services.

By signing this private contract, the beneficiary:

1. Gives up all Medicare payments for services furnished, conventional treatments and therapies, as well as integrative “health-promoting” services.
2. Agrees not to bill Medicare or ask CCM to bill Medicare
3. Is liable for all of my charges, without any Medicare balance billing limits
4. Acknowledges that Medigap or any other supplemental insurance will not pay toward the services
5. Acknowledges that he or she has the right to receive services from physicians for whom Medicare coverage and payment would be available. It is also understood that this contract cannot be entered into at a time when the beneficiary is facing an emergency or an urgent health situation.

I understand that these contract services available at the Center for Contemporary Medicine reflect an innovative, research-based, cancer treatment, health promotion, and cancer prevention program developed over a 20-year period by Dr. Arond-Thomas. Our mission is to educate and empower those who use our programs to be active participants in a process of healing, rather than being solely a patient in an experiment in search of a cure. Our services consist of personalized and customized environmental management solutions for persons with cancer or who are at-risk for developing cancer. These services optimizes conventional treatments, while putting me in control of my healing.

I have been given the opportunity to fully discuss these services, and with my signature, I agree to abide by the conditions of this contract. I have received a copy of this contract.

Patient Signature

Physician Signature

Date _____