



*Holistic Child Psychiatry, LLC*  
Holistic Adult Psychiatry

**Holistic Child Psychiatry, LLC**  
**Phyllis J. Heffner, M.D.**  
**10801 Hickory Ridge Rd.**  
**Suite 215**  
**Columbia, MD 21044**  
**(410) 260-0344 - phone and fax**

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**PRIVATE CONTRACT**

This Private Contract is entered into by and between Holistic Child Psychiatry/Holistic Adult Psychiatry, located at [10801 Hickory Ridge Rd, Ste 215, Columbia, MD 21044, and its physician, Phyllis Heffner, MD (together “**Practice**”) and \_\_\_\_\_, who is a beneficiary enrolled in Medicare Part B (together with his/her legal representative or legal guardian, if applicable, “**Beneficiary**”) effective \_\_\_\_\_ (“Effective Date”).

Practice has informed Beneficiary that Practice has chosen to opt-out of Medicare, effective 10/25/2016, and is not excluded from Medicare program under Sections 1128, 1156, 1892 and any other applicable sections of the Social Security Act.

The Beneficiary, or his/her legal representative or legal guardian, represents, warrants, agrees to, and expressly acknowledges the following:

- Beneficiary or his/her legal representative or legal guardian accepts full responsibility for payment of Practice’s charge for all services furnished by Practice.
- Beneficiary or his/her legal representative or legal guardian understands that Medicare limits do not apply to what Practice may charge for items or services furnished by Practice.
- Beneficiary or his/her legal representative or legal guardian agrees not to submit a claim to Medicare or to ask Practice to submit a claim to Medicare.
- Beneficiary or his/her legal representative or legal guardian understands that Medicare payments will not be made for any items or services furnished by Practice that would have otherwise been covered by Practice if there was no private contract and a proper Medicare claim had been submitted.
- Beneficiary or his/her legal representative or legal guardian enters into this Private Contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and Beneficiary 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.
- Beneficiary or his/her legal representative or legal guardian understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

- Beneficiary or his/her legal representative or legal guardian acknowledges that Beneficiary is not currently in an emergency or urgent health care situation.

- Beneficiary or his/her legal representative or legal guardian acknowledges that a copy of this Private Contract has been made available to him or her before any items or services were furnished to Beneficiary by Practice.

**PRACTICE**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BENEFICIARY**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE (if legal representative or guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_