

MEDICARE WAIVER

This agreement is between Hai Jin Kim, MD, whose principle place of business is Health Builders, PC, Annandale VA, and patient, _____, who resides in _____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Sections 4507 of the Balances Budget Act of 1997. The physician or staff has informed the patient that Dr. Hai Jin Kim has opted-out of Medicare program effective June 1, 2017, for a period of at least 2 years or until she has opted-in and is not excluded from participating in Medicare Part B under sections 1128, 1156, or 1892 or any section of the Social Security Act.

Physician provides various examinations, services, and medical supplies, including but not limited to (the "Services"): Annual Wellness Examinations, Pre-operative Appointments, Follow-up Appointments, Post-operative Appointments, Acute/chronic care.

In exchange for these services, the Patient agrees to make direct payments to Physician pursuant to his/or her fee schedule (which can be provided per request and is subject to change). Patient also agrees, understands, and expresses acknowledgement of the following:

- I. Patient agrees not the submit a claim (or to request the physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- II. Patient is not currently in an emergency or urgent care situation.
- III. Patient acknowledges that neither Medicare's fee limitations nore any other Medicare reimbursement for the Services because payment is not made under Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- IV. Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient 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.
- V. Patient agrees to be responsible, whether though insurance or otherwise, to make a payment in full for the Services, and acknowledges the physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- VI. Patient understands that Medicare payments will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare Claim submitted.
- VII. Patient acknowledges that a copy of this contract has been made available to him/her.
- VIII. Patient agrees to reimburse Physician for any costs and reasonable attorney's fees that result from violation of this Agreement by Patient or his/her beneficiaries.

Executed on: _____ by _____ and Dr. Hai Jin Kim.
(Date) (Patients name)

Signatures: _____
(Patient signature) (HAI JIN KIM, MD)