

Alice Litter MSW LICSW

Private Payment Agreement for Patients with Medicare

This Agreement is entered into between the undersigned patient or patient's legal representative ("patient"), and Alice Litter LICSW.

The patient represents that they are a Medicare beneficiary and that they understand the following:

1. Alice Litter LICSW has opted out of, and does not participate in, Medicare for a two-year period beginning April 16, 2021 and expiring April 16, 2023.
2. The patient accepts full responsibility for payment of charges for all services provided by Alice Litter LICSW.
3. Medicare fee schedule limits do not apply to what Alice Litter LICSW may charge for services provided.
4. The patient agrees not to submit a claim to Medicare or ask Alice Litter LICSW to submit a claim to Medicare.
5. Medicare payment will not be made for any services provided by Alice Litter LICSW that would have been covered by Medicare if there was no Agreement and a proper Medicare claim had been submitted.
6. The patient enters into this Agreement with the knowledge that they have the right to obtain Medicare-covered services from healthcare practitioners who have not opted out of Medicare.
7. Medigap plans do not, and other supplemental plans may elect not to, make payments for services not paid by Medicare.
8. The patient may not be asked to sign this Agreement at a time when the patient requires emergency or urgent care services.
9. The patient has received a copy of this Agreement before services are provided to the patient.

Patient's/Legal Representative's Name (Print): _____

Patient's Address (Print): _____

Patient's/Legal Representative's Name (Signature): _____

If Legal Representative, relationship to patient: _____

Date Signed: _____

Alice Litter LICSW will supply Centers for Medicare and Medicaid Services with a copy of this Agreement upon request. Alice Litter LICSW understands that this Agreement remains in effect for two years after which time, if she again opts out of Medicare, a new Agreement will need to be signed with the patient.

Alice Litter LICSW _____

NPI #: _____

Date Signed: _____