

Integrative Health Systems, P.S.

www.rienstraclinic.com

Private Contract For Medical Services

WHEREAS I wish to contract with Dr Rienstra and his employees to provide medical services in both emergency and non-emergency circumstances, all terms of this agreement apply both to Dr Rienstra and to his employees.

WHEREAS I recognize that Dr Rienstra does not participate in, nor is he a provider for, any medical insurance plan including any managed care plan, the Medicare program, Washington Basic Health, DSHS, or any other governmental insurance

WHEREAS I acknowledge that Dr Rienstra will not bill any insurance program for me, including the Medicare program

WHEREAS I am covered under the Medicare program at this time or may be in the future

NOW THEREFORE I enter into this contract with Dr Rienstra (who has not been excluded from the Medicare Program pursuant to section 1128 of the Medicare Program).

Pursuant to Title XVIII (Medicare) of the Social Security Act (42 U.S.C. §1395a, *et seq.*) (“Title 18”), I agree as follows:

1. I agree not to submit any claim (or request that Dr Rienstra submit a claim), to Medicare for such items or services used or employed by Dr Rienstra in his treatment of me, even if such items or services are otherwise covered by Title 18;
2. I agree to pay at the time of service for such items or services used or employed by Dr Rienstra in his treatment of me, and further understand that **no reimbursement** will be provided under Title 18;
3. I acknowledge that no limits under Title 18 (42 U.S.C. §1395a, *et seq.*, including under 42 U.S.C. §1848(g)) apply to amounts that may be charged for any items or services used or employed by Dr Rienstra in his treatment of me;
4. I acknowledge that Medigap plans under Title 18 (42 U.S.C. §1395ss) do not, and other supplemental insurance plans may elect not to, make payments for such items and services used or employed by Dr Rienstra in his treatment of me, because payment is not being made pursuant to Title 18, and because no Current Procedural Terminology or International Classification of Disease codes will be applied to the services provided to me;
5. I acknowledge that I may have the right to have such items or services provided by other physicians or practitioners.

