

BRIDGER PSYCHIATRIC SERVICES, P.C.

2040 N. 22nd Avenue, Ste. 2
Bozeman, MT 59718
406-586-5111 / 406-586-4719 (fax)

Dr. Kenneth C. Olson, M.D., M.S.

PRIVATE CONTRACT

REQUEST AND CONSENT FOR NON-MEDICAID SERVICES

I provide this Request and Consent to protect my future access to private medical care based on private payment methods. I Request and Consent that the Medical office of Dr. Kenneth Olson, (also known as BPS), provide medical services for me even though the practice is not contracted with Medicaid and does not submit claims to Medicaid.

- I the Medicaid beneficiary or my legal representative accept full responsibility for payment of charges for all services provided by BPS.
- I the Medicaid beneficiary or my legal representative understand that Medicaid limits do not apply to what BPS may charge for items or services furnished.
- I the Medicaid beneficiary or my legal representative understand that Medicaid payments may possibly not be made for any items of services furnished by BPS that would have otherwise been covered by Medicaid if there was no private contract and a proper Medicare claim had been submitted.
- I the Medicaid beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicaid-covered items and services from a physician and/or practitioner who is contracted with Medicaid, and that I am not compelled to enter in to private contracts that apply to other Medicaid covered services furnished by other physicians or practitioners who choose to be a provider or submit claims to Medicaid.
- I the Medicaid beneficiary or my legal representative understand that BPS will not submit claims on my behalf to any other insurance company when Medicaid Insurance is present as primary or secondary insurance.
- This contract cannot be entered into by myself, the Medicaid beneficiary, or by my legal representative during a time when I, the Medicaid beneficiary, require emergency care services or urgent care services, (However, a physician/practitioner may furnish emergency or urgent care services to a Medicaid beneficiary).

- I the Medicaid beneficiary or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are finished to me under the terms of this contract.
- I, BPS, will retain the original contract (original signatures of both parties required).
- I, BPS, will supply Insurance Companies with a copy of this contract upon request.

(Patient's Signature)

(Date)

(Patient's Legal Representative Signature
If applicable)

(Date)

(Provider's Signature)

(Date)

(Witness-Staff)

(Date)