

# *Bridger Psychiatric Services*

931 Highland Blvd., Suite 3340  
Bozeman, MT 59715  
(406) 586-5511  
(406) 586-4713 fax

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

## **PRIVATE CONTRACT**

### **PATIENT'S REQUEST AND CONSENT FOR NON-MEDICARE SERVICES**

As of April 1, 2009, 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. Ken Olson, (also known as BPS), provide medical services to me even though their practice has opted-out of Medicare.

- I, the Medicare beneficiary or my legal representative accept full responsibility for payment of chargers for all services furnished by BPS.
- I, the Medicare beneficiary or my legal representative understand that Medicare limits do not apply to what BPS may charge for items or services furnished.
- I, the Medicare beneficiary or my legal representative agree not to submit a claim to Medicare or to ask BPS to submit a claim to Medicare.
- I, the Medicare beneficiary or my legal representative understand that Medicare payments will not be made for any items or services furnished by BPS that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- I, the Medicare beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- The expected or known effective date and expected or known expiration date of the opt-out period is April 1, 2009 and continues every two years beyond the effective date that BPS continues to opt-out.
- I, the Medicare beneficiary or my legal representative understand that Medicare plans do not, and that other plans/supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
- This contract cannot be entered into by myself, the Medicare beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services, (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual).

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(CONTINUED)

- I, the Medicare beneficiary or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract.
- I, BPS will retain the original contract (original signatures of both parties required) for the duration of the opt-out period.
- I, BPS, will supply CMS with a copy of this contract upon request.
- I, BPS, understand that the current private contract remains in effect for two years. If I again opt-out of Medicare, I will expediently complete a new contract for each Medicare beneficiary and will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

\_\_\_\_\_  
(Provider's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Patient's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Patient's Legal Representative Signature  
if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
Date