Medicare-Opt Out Contract
(Pursuant to #405, 415 of Medicare Regulations)

I, _____ understand that the physicians at East-West Integrated Healthcare (Jennifer Calvo, NMD and Don Underwood, NMD, Lac) are naturopathic physicians and are not Medicare providers. Medicare will not pay for items and services provided by this office. By signing this agreement I agree to the following:

a) I agree not to submit a claim (or request that the physician submit a claim) to Medicare for items and services even if such items and services are otherwise covered by Medicare.
b) I agree that I (or my legal representative) accept full responsibility for payment of services rendered to me at this office and agree that NO Medicare reimbursement will be provided for such services.
c) I acknowledge under this contract that no Medicare limiting fees apply to amounts that may be charged for items and services.
d) I acknowledge that Medicare gap plans do not make payments and other supplemental insurance plans may not elect to make payments for items and services since Medicare does not make payment.
e) I acknowledge that I have a right to items and services provided by other physicians or practitioners for whom payment would be made by Medicare,
f) I acknowledge that Medicare does not pay for lab orders written by the physicians in this office. Labs drawn in this office would be paid for out of pocket. I can have labs ordered by physicians who are Medicare providers and have these results forwarded to this office.
g) I (or my legal representative) understand that Jennifer Gentry Calvo, NMD and Don Underwood NMD, LAC is thus excluded from Medicare under #1128, 1156, 1892 or any other section of the social security act.

I enter this agreement on my own free will; I understand that I will not be seeking Medicare reimbursement for items and services rendered.

_____	_____
Patient Name	Physician Name
_____	_____
Patient Signature	Date

By initialing and dating below I acknowledge and agree to the above statements.

Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____
Initials. _____ Date: ____/____/____	Initials. _____ Date: ____/____/____