

Princeton Family Care Associates, LLC
Ricardo J. Fernandez, MD
12 Roszel Road, A-103
Princeton, NJ 08540
Phone 609 419-0123 Fax 609 419-0126

Private Contract

This agreement is between **Ricardo Fernandez, MD & Raquel Rahim, APN**, and

Patient/Beneficiary Name: _____

I understand that **Ricardo Fernandez, MD & Raquel Rahim, APN**, are excluded electively from Medicare.

As such, the beneficiary or his or her legal representative accepts full responsibility for payment for the physician's charge for all services furnished by the physician or practitioner, except for emergency and urgent care services.

The beneficiary or his or her legal representative understands that Medicare limits do not apply to what the physician or practitioner may charge for items or services furnished by the physician or practitioner.

The beneficiary or his or her legal representative agrees not to submit a claim to Medicare or to ask the physician or practitioner to submit a claim to Medicare.

The beneficiary or his or her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician or practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

The beneficiary or his or her legal representative enters into the contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

The effective date of the opt-out period is **April 1, 2024 to April 1, 2026**.

The beneficiary or his or her legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

Patient Signature **Date**

Ricardo Fernandez, MD Signature **Date**

Raquel Rahim, APN Signature **Date**