



NORTH CAROLINA COMPREHENSIVE HEADACHE CLINIC

PRIVATE CONTRACT BETWEEN MEDICARE BENEFICIARY AND PHYSICIANS/PRACTITIONERS

My signature on this contract indicates that I fully understand that Dr. Charles Matthews is agreeing to treat me under the “opt out” program with Medicare.

I fully understand that:

_____ Dr. Charles Matthews has not been excluded from Medicare under sections 1128, 1156 or 1892 of the Social Security Act. He is under the Opt Out program. NPI #1891866885.

_____ I nor Dr. Charles Matthews can submit a claim for payment to Medicare, even if services would otherwise be covered by Medicare. There will not be any reimbursement provided by Medicare for services rendered.

_____ Medigap plans and other supplemental insurance plans will not make payment for services furnished by Dr. Charles Matthews.

_____ I am fully responsible for all charges incurred and payment is due at time of service.

_____ Dr. Charles Matthews is not limited to the Medicare allowable charge for services rendered.

_____ I understand that I do have the right to have these services provided by another physician who does participate with Medicare.

_____ I have will or have received a copy of this contract before services are furnished to me under the terms of this contract.

Patient printed name

Patient's signature

Date

Office Personnel

Date

Date mailed

