

PRIVATE PAY AGREEMENT FOR PATIENTS WITH MEDICARE

Provider Name: Thomas P. Gross, M.D.

Provider Address: 1910 Blanding St., Columbia, SC 29201

Beneficiary Name: _____

Legal Representative (if applicable): _____

Beneficiary Medicare Number: _____

This private pay agreement is between Dr. Thomas P. Gross and the beneficiary noted above. This patient is a Medicare Part B beneficiary who is seeking services covered under Medicare Part B. This beneficiary or his/her legal representative has been informed that Dr. Gross has opted out of the Medicare Program. He has been continuously opted out of Medicare since August 28, 2013. His current opt-out period will auto-renew on August 28, 2025. Dr. Gross has voluntarily opted out of the Medicare Program and has not been excluded from participation.

This beneficiary or his/her legal representative has read, understands and agrees to the following terms of the private agreement as indicated by his/her signature on this form.

1. I, or my legal representative, accept full responsibility for payment of charges for all services provided by Dr. Gross.
2. I, or my legal representative, understand that Medicare payment limits do not apply to what Dr. Gross may charge for items or services provided by him.
3. I, or my legal representative, agree not to submit a claim to Medicare or ask Dr. Gross to submit a claim to Medicare.
4. I, or my legal representative, am aware that Dr. Gross has been continuously opted out of the Medicare Program since 8/28/2013 and his current opt out will auto-renew on 8/28/2025.
5. I, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by Dr. Gross that would have been covered by Medicare if there was no Agreement and a proper Medicare claim had been submitted.
6. I, or my legal representative, enter into this Agreement with the knowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare. The patient is not compelled to enter into any Agreements that apply to other Medicare-covered services furnished by physicians who have not opted out of Medicare.
7. I, or my legal representative, understand that Medigap plans do not, and other supplemental plans may elect not to, make payments for items or services not paid by Medicare.
8. I, or my legal representative, was not asked to sign this Agreement at a time when I required emergency care services.

Beneficiary or Legal Representative's Name



Thomas P. Gross, MD

Beneficiary or Legal Representative's Signature

Signature Date: _____