

LAWRENCE J. CONELL, M.D., PLC  
110 NEWMAN AVENUE  
HARRISONBURG, VA 22801

**MEDICARE BENEFICIARY PRIVATE CONTRACT FOR SERVICES**

I, \_\_\_\_\_, as the beneficiary or the beneficiary's legal representative understand and agree that by signing this contract I agree to the following:

1. Lawrence J. Conell, M.D., has chosen to be excluded from Medicare under sections 1128, 1156 and/or 1892 of the Social Security Act.
2. Accept full responsibility for payment of all charges for services rendered by Lawrence J. Conell, M.D.
3. Medicare limits do not apply to the charges for services furnished by Lawrence J. Conell, M.D.
4. Agree not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.
5. Understand that Medicare payment will not be made for any services furnished by the physician that may have otherwise been covered by Medicare if there was no private contract and a claim would have been submitted.
6. Understand that I have the right to obtain services from physicians who have not opted out of Medicare and as a beneficiary I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians who have not opted out.
7. The Opt out period for Lawrence J. Conell, M.D. is 3/1/15 to 3/1/17.
8. Understand that Medigap plans or other supplemental plans may elect not to make payments for items and services not paid for by Medicare.

\_\_\_\_\_  
Beneficiary/Beneficiary Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lawrence J. Conell, M.D.

\_\_\_\_\_  
Date