

**Private Contract between Medicare Beneficiaries  
&  
PALM BEACH BRAIN & SPINE, LLC.  
Amos O. Dare, M.D.**

I, hereby, state that I am not a Medicare beneficiary.  
(If checked off, please **DO NOT** complete the remainder of this contract and sign below)

\_\_\_\_\_  
Patient Signature (Parent or Guardian, if minor)

\_\_\_\_\_  
Date

I, hereby, state that I am a Medicare beneficiary.  
(If checked off, you must complete the remainder of this contract)

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Effective immediately, **except** for emergency or urgent care services, Amos O. Dare, M.D. has opted out of the Florida Medicare Program and will provide services to Medicare beneficiaries only through private contracts that meet the criteria for services that, but for their provision under a private contract, would have been Medicare covered services.

Amos O. Dare, M.D. is excluded from Medicare under sections 1128, 1156 or 1892 of the Social Security Act and **will not** submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will the physician permit any entity acting on his behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, **except** for emergency or urgent care services.

I, \_\_\_\_\_ accept full responsibility for payment of all charges for all services furnished by Amos O. Dare, M.D. and I also acknowledge that Medicare limits do not apply to what Amos O. Dare, M.D. may charge for services rendered.

I agree not to submit a claim to Medicare or ask Amos O. Dare, M.D. to submit a claim to Medicare. I understand that Medicare payment will not be made for any items or services furnished by Amos O. Dare, M.D. that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted. I understand that Medigap plans do not, and that other supplement plans may elect not to, make payments for items and services not paid for by Medicare.

I, \_\_\_\_\_ or my legal representative enter into this private contract 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, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioner that have not opted out of the Medicare Program.

I am aware that Amos O. Dare, M.D.'s participation with Medicare terminated on March 1, 2006 and that the termination will stay in effect until April 1, 2010.

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**Agreed to and accepted this agreement Patient or Patient's Legal Representative  
and received a copy of this agreement**

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_  
(Printed name of patient)

PALM BEACH BRAIN & SPINE, LLC.

\_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
Dr. Amos Dare