



Telephone: (480) 483-0393  
Fax: (480) 237-9473  
tarlowknee@gmail.com

Scottsdale Location  
8630 E. Via De Ventura  
Suite 201  
Scottsdale, AZ 85258

Mesa Location  
3130 E. Baseline Rd.  
Suite 101  
Mesa, AZ 85204

### Private Contract

**This agreement is between Stefan D. Tarlow, M.D. (Physician) whose principal place of business is listed above, and**

**Medicare Beneficiary:** \_\_\_\_\_

**Who resides at:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medicare ID #:** \_\_\_\_\_

and is a Medicare Part B Beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed the Medicare Beneficiary or his/her legal representative that Physician has opted out of the Medicare program effective on January 1, 2015 for a period of at least two years, to expire on December 31, 2016. The Physician is not excluded from participating in Medicare Part B under [1128} 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Medicare Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:

- I, Stefan D. Tarlow, M.D., have not been excluded from Medicare under [1128] §§1128, [1156] 1156 or [1892] 1892 of the Social Security Act.
- I, the Medicare Beneficiary or my legal representative, accept full responsibility for payment of charges for all services furnished by Stefan D. Tarlow, M.D and Advanced Knee Care, P.C. \_\_\_\_\_ (initial).
- I the Medicare Beneficiary or my legal representative understand that Medicare limits do not apply to what Stefan D. Tarlow, M.D. and Advanced Knee Care, P.C. may charge for items or services furnished by the Physician \_\_\_\_\_ (initial).
- I the Medicare Beneficiary or my legal representative agree not to submit a claim to Medicare or to ask Stefan D. Tarlow, M.D. or Advanced Knee Care, P.C. to submit a claim to Medicare \_\_\_\_\_ (initial).
- I the Medicare Beneficiary or my legal representative understand that Medicare payment will not be made for any items or services furnished by Stefan D. Tarlow, M.D. and Advanced Knee Care, P.C. that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted \_\_\_\_\_ (initial).
- I the Medicare Beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and that the I am 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 \_\_\_\_\_ (initial).
- I the Medicare Beneficiary or my legal representative understand 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 \_\_\_\_\_ (initial).

• I the Medicare Beneficiary or my legal representative acknowledge that the Beneficiary is not currently in an emergency or urgent health care condition. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with §40.28 of the Medicare Carriers Manual) \_\_\_\_\_ (initial)

• I the Medicare Beneficiary or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract \_\_\_\_\_ (initial).

1• I, Stefan D. Tarlow, M.D. and Advanced Knee Care, P.C., will retain the original contract (original signatures of both parties required) for the duration of the opt-out period.

• I, Stefan D. Tarlow, M.D. and Advanced Knee Care, P.C. will supply CMS with a copy of this contract upon request.

\_\_\_\_\_  
Provider's Signature Date

\_\_\_\_\_  
Patient's Signature/Legal Representative Date

\_\_\_\_\_  
Witness Date