



Iker Leycegui M.D.
Concierge -Internal Medicine and Primary Care à la Carte

Medicare Private Contract

This agreement is between Iker Leycegui, M.D., whose principal place of business is 145 NW Central Park Plaza Suite 101, Port St. Lucie, Florida, 34986 and

Beneficiary/Patient Name : _____

Address:: _____ Medicare ID #:

As a participant in Medicare Part B, you are seeking services that are generally covered under the Medicare program. It is important to note that the physician you are consulting has chosen to opt out of the Medicare program effective January 1, 2024. This opt-out status does not prevent the physician from providing you with medical advice, prescriptions, or referrals for other services like lab work or additional studies. You should be aware that while the physician's own services are not billable to Medicare under this private contract, any external Medicare-covered services they prescribe or refer you to, such as lab work or imaging studies, may still be covered by Medicare.

Please acknowledge your understanding of the following by **initialing** each statement:

____ You agree to pay the physician directly and will not seek Medicare reimbursement for the physician's services.

____ You understand that the physician may set their own fees without adhering to Medicare's fee schedule.

____ You will not submit a claim nor ask the physician to submit a claim to Medicare for services provided under this contract.

____ You recognize that services provided under this contract would otherwise be covered by Medicare if not for the existence of this private contract.

____ You are entering this contract with the knowledge that you have the option to seek Medicare-covered services from physicians who have not opted out.

____ You are aware that supplemental insurance policies might not cover the cost of services not reimbursed by Medicare.

____ You confirm that you are not currently in need of emergency or urgent medical services.

____ You have received/offered a copy of this contract for your records.

The physician confirms that they are not legally barred from participating in Medicare under sections 1128, 1156, or 1892 of the Social Security Act and that they can still order and refer services covered by Medicare, which may be reimbursed by Medicare when appropriate.

This agreement will be renewed every 2 years to maintain compliance with medicare.

Executed on: Date _____

By: _____
Beneficiary Name and Signature or his/her legal representative

And: _____ Iker Leycegui, M.D.