

Medicare Opt out Patient Contract

Andrew J. D'Amico PH.D LLC
Radnor House Condominium
1030 East Lancaster Ave
Rosemont PA 19010
610-527-1051
PS-004905-L

This contract states that you are aware that Andrew J. D'Amico PH.D LLC has opted out of Medicare

Beneficiary Name _____

Date of Contract _____

This is to inform you that Andrew J. D'Amico PH.D LLC is not an in network provider on any insurance panel and that the practice is strictly fee for service. All fees are collected after each session and fees are set based on customary fees charged by other experienced private practice psychologists in this area. You may be reimbursed out of network by submitting my receipt.

Furthermore Andrew J. D'Amico PH.D LLC has opted out of Medicare. By signing this contract you state that you are aware of my status and understand that Medicare billing limits do not apply to my customary charges. In addition, realizing that I am not a Medicare provider, you agree to enter into a private arrangement with me by paying my customary fee.

By having you view and sign this contract, I agree not to file any claim with Medicare.

In addition, you understand that you may secure Medicare reimbursement services from another qualified practitioner if you do not desire to enter into a private contract with me.

In addition by signing this contract you understand that Medicap and other supplemental plans may elect not to make payments for these services.

Beneficiary Signature _____

Andrew J. D'Amico PH.D LLC, Psychologist _____

After discussing this form with Andrew J. D'Amico, please make a copy for your records and mail it to the above address.