



Mary Alice Volkert & Associates

6565 West Loop South, Suite 510

Bellaire, Texas 77401-4111

Phone # 713-668-2759 Fax # 713-668-2762

PRIVATE PATIENT CONTRACT

This agreement is between Mary Alice Volkert & Associates, whose principal place of business is 6565 West Loop South, Bellaire, Texas, 77401 and _____, (“Patient”) who resides at _____ 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.

Mary Alice Volkert and Associates have informed Patient that Mary Alice Volkert has opted out of the Medicare program effective on April 1, 2011 for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Mary Alice Volkert and Associates agrees to provide Medical Nutrition Therapy (“Services”) to Patient.

In exchange for the Services, the Patient (or his or her legal representative) agrees to make payments to Mary Alice Volkert and Associates pursuant to the attached Fee Schedule. Patient (or his or her legal representative) also agrees, understands, and expressly acknowledges the following and:

- Accepts full responsibility for payment of the practitioner’s charge for all services furnished by the practitioner.
- Understands that Medicare limits do not apply to what the practitioner may charge for items or services furnished by the practitioner.
- Agrees not to submit a claim to Medicare or to ask the practitioner to submit a claim to Medicare.
- Understands that Medicare payment will not be made for any items or services furnished by the practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- Enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from practitioners who have not opted-out of Medicare, and that the beneficiary is 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.

- Understands 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.
- This contract may not be entered into by the patient (or his or her legal representative) during a time when the patient requires emergency care services or urgent care services.

Patient Name (*Please Print*)

Mary Alice Volkert

Patient Signature

Date

Date



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Fee Schedule

(All Payments Due at Time of Service in Form of Cash or Check)

Initial Visit (1-1/2 or 2-hour consultation):	\$320
Two Individuals Each Seeking Personal Assessment at the Same Appointment:	\$420
Follow-up Visits (1-hour consultation):	\$160
Follow-up Visits (Two Individuals, 1-hour consultation)	\$195
Insulin Management	\$160
Failure to Cancel	\$25