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PATIENT CARE AGREEMENT ADIRONDACK DIRECT PRIMARY CARE, PLLC

This is an Agreement entered into on _____ 20____, by and between ADIRONDACK DIRECT PRIMARY CARE, PLLC with its address at 8 HARRISON AVENUE, GLENS FALLS, NY 12801, ANDREW W GARNER M.D. (Physician) in his capacity as owner of ADIRONDACK DIRECT PRIMARY CARE, PLLC (further referenced as ADPC) and _____, Date of Birth: ____/____/____ (Patient) starting _____ 20_____.

Background

The Physician, who specializes in family medicine, delivers care on behalf of ADPC, at the address set forth above. In exchange for certain fees paid by you, ADPC, through its Physician, agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement.

Definitions

Patient. A patient is defined as those persons for whom the Physician shall provide Services, and who are signatories to, or listed on the documents attached and incorporated by reference, to this agreement.

Services. As used in this Agreement, the term Services, shall mean a package of services, both medical and non-medical, and certain amenities (collectively "Services"), which are offered by ADPC, and set forth in.

Agreement

1. **Terms.** This agreement shall commence on the date signed by the parties below and shall continue for a period of one year, automatically renewed.

2. **Fees.** In exchange for the services described herein, Patient agrees to pay ADPC the amount as set forth in this contract. This fee is payable in payment for the services provided to Patient during the term of this Agreement. If this Agreement is cancelled by either party before the agreement termination date, then ADPC shall refund the Patient's prorated share of the original payment, remaining after deducting individual charges for services rendered to Patient up to cancellation.

3. **Non-Participation in Insurance.** Patient acknowledges that neither ADPC, nor the Physician participate in any health insurance or HMO plans or panels and has opted out of Medicare. Neither of the above make any representations whatsoever that any fees paid under this Agreement are covered by your health insurance or other third-party payment plans applicable to the Patient.

The Patient shall retain full and complete responsibility for any such determination. If the Patient is eligible for Medicare, or during the term of this Agreement becomes eligible for Medicare, then Patient will sign a Medicare Private Contract agreement. This agreement acknowledges your understanding that the Physician has opted out of Medicare, and as a result, Medicare cannot be billed for any services performed for you by the Physician. You agree not to bill Medicare or attempt Medicare reimbursement for any such services. Patient shall renew and sign the Medicare Private Contract upon turning 65 years old and every two years thereafter.

4. **Insurance or Other Medical Coverage.** Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospital services, or any services not personally provided by ADPC, or its Physicians. Patient acknowledges that ADPC has advised that patient obtain or keep in full force such health insurance policy(ies) or plans that will cover Patient for general healthcare costs. Patient acknowledges that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry.

5. **Term; Termination.** This Agreement will commence on the date first written above and will extend annually thereafter. Notwithstanding the above, both Patient and ADPC shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination, upon giving 30 days prior written notice to the other party. Unless previously terminated as set forth above, at the expiration of the initial one-year term (and each succeeding yearly term), the Agreement will automatically renew for successive yearly terms upon the payment of the monthly fee each month until the end of the contract year.

6. **Communications.** You acknowledge that communications with the Physician using e-mail, facsimile, video chat, text messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. As such, you expressly waive the Physician's obligation to guarantee confidentiality with respect to correspondence using such means

of communication. You acknowledge that all such communications may become a part of your medical records. By providing Patient's email address on the attached. Patient authorizes ADPC, and its Physicians to communicate with Patient by e-mail regarding Patient's "protected health information" (PHI) (as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations). By supplying Patient's e-mail address and cell phone number for texting, Patient acknowledges that:

- (a) E-mail and texting are not necessarily a secure medium for sending or receiving private health information (PHI) and, there is always a possibility that a third party may gain access.
- (b) Although the Physician will make all reasonable efforts to keep e-mail and text communications confidential and secure, neither ADPC, nor the Physician can assure or guarantee the absolute confidentiality of e-mail communications.
- (c) In the discretion of the Physician, e-mail and text communications may be made a part of Patient's permanent medical record; and,
- (d) Patient understands and agrees that e-mail and texting is not a proper means of communication about emergency or other time-sensitive issues or for inquiries regarding sensitive information.

In the event of an emergency, or a situation in which the patient could reasonably expect to develop into an emergency. Patient shall call 911 or the nearest Emergency room; and follow the directions of emergency personnel.

If Patient does not receive a response to an e-mail or text message **within two (2) days**, Patient agrees to use another means of communication to contact the Physician. Neither ADPC, nor the Physician will be liable to Patient for any loss, cost, injury, or expense caused by, or resulting from, a delay in responding to Patient as a result of technical failures, including, but not limited to, (i) technical failures attributable to any internet service provider, (ii) power outages, failure of any electronic messaging software, or failure to properly address e-mail messages, (iii) failure of the Practice's computers or computer network, or faulty telephone or cable data transmission, (iv) any interception of e-mail communications by a third party; or (v) your failure to comply with the guidelines regarding use of e-mail communications set forth in this paragraph.

7. Change of Law. If there is a change of any law, regulation, or rule, federal, state, or local, which affects the Agreement including these Terms & Conditions, which are incorporated by reference in the Agreement, or the activities of either party under the Agreement, or any change in the judicial or administrative interpretation of any such law, regulation, or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights, obligations or operations associated with the Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of the Agreement including these Terms & Conditions. If the parties are unable to reach an agreement concerning the modification of the Agreement within thirty (30) days after of date of the effective date of change, then either party may immediately terminate the Agreement by written notice to the other party.

8. Severability. If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

9. Reimbursement for Services Rendered. If this Agreement is held to be invalid for any reason, and if ADIRONDACK DIRECT PRIMARY CARE is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay ADIRONDACK DIRECT PRIMARY CARE an amount equal to the reasonable value of the Services actually rendered to Patient during the period of time for which the refunded fees were paid.

10. Amendment. No amendment of this Agreement shall be binding on a party unless it is made in writing and signed by all the parties. Notwithstanding the foregoing, the Physician may unilaterally amend this Agreement to the extent required by federal, state, or local law or regulation ("Applicable Law") by sending you 30 days advance written notice of any such change. Any such changes are incorporated by reference into this Agreement without the need for signature by the parties and are effective as of the date established by ADPC, except that Patient shall initial any such change at ADPC's request. Moreover, if Applicable Law requires this Agreement to contain provisions that are not expressly set forth in this Agreement, then, to the extent necessary, such provisions shall be incorporated by reference into this Agreement and shall be deemed a part of this Agreement as though they had been expressly set forth in this Agreement.

11. Assignment. This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.

12. Relationship of Parties. Patient and the Physician intend and agree that the Physician, in performing his duties under this Agreement, is an independent contractor, as defined by the guidelines promulgated by the United States Internal Revenue Service and/or the United States Department of Labor, and the Physician shall have exclusive control of his work and the manner in which it is performed.

13. **Legal Significance.** Patient acknowledges that this Agreement is a legal document and creates certain rights and responsibilities. Patient also acknowledges having had a reasonable time to seek legal advice regarding the Agreement and has either chosen not to do so or has done so and is satisfied with the terms and conditions of the Agreement.

14. **Miscellaneous.** This Agreement shall be construed without regard to any presumptions or rules requiring construction against the party causing the instrument to be drafted. Captions in this Agreement are used for convenience only and shall not limit, broaden, or qualify the text.

15. **Entire Agreement.** This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter of this Agreement.

16. **Jurisdiction.** This Agreement shall be governed and construed under the laws of the State of New York and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for ADPC in Glens Falls, New York. In the event that ADPC established a different primary practice location jurisdiction shall be governed by the new location.

17. **Service.** All written notices are deemed served if sent to the address of the parties first above written, or subsequently changed by notice to the other party, by first class U.S. mail, or by personal delivery.

1. Medical Services. As used in this Agreement, the term Medical Services shall mean those medical services that the Physician himself is permitted to perform under the laws of the State of New York and that are consistent with his training and experience as a board-certified family medicine physician. These will include but not be limited to:

Acute and Non-acute Office/Tele visits (Physician reserves the right to discuss apparent overutilization)

Electrocardiograms

Blood Pressure Monitoring

Diabetes Monitoring

Nebulized Breathing Treatments

Urinalysis

Pulmonary function testing

Simple aspiration/ injection of a joint

Removal of ear wax

Abscess Incision and Drainage

Basic vision/hearing screening

Obstetrical and Gynecologic Services are NOT performed as part of membership plan

Patient shall also be entitled to an annual in-depth " Physical Examination and Health Risk Assessment," which shall be performed by the Physician. **Please note that the Physician prefers not to use this visit to manage your chronic diseases; to allow for focusing on evaluation and screening of health risk factors for the purpose of developing a plan of wellness.** We will be happy to schedule a routine appointment to manage your chronic diseases prior to or after the Physical.

2. Non-Medical, Personalized Services. ADPC shall also provide Patient with the following non-medical services ("Non-Medical Services").

(a) **Access. Office Phone Hours: 9:00AM to 4:30 PM on Monday – Thursday; 1:00PM to 4:30PM every other Wednesday; 9:00AM to 12:00PM on Fridays; Lunch is from 12:00PM to 1:00PM Monday –Friday.** These hours are subject to change. If at any time you get the answering machine during office hours and your call is non-urgent, please leave a message. If it is an urgent call, you will be provided a direct telephone number to access a Physician. For after office hours, patient shall be given a phone number where they may reach a Physician directly.

The Physician may, from time to time, due to vacations, sick days, and other similar situations, not be available to provide the services referred to above in paragraph 1. During such times, patient's calls to the Physician, or to the Physician's office will be directed to a Physician who is "covering on call" for the Physician during their absence. ADPC will make every effort to arrange for coverage but cannot guarantee such coverage.

During the Physician's absence for vacations, continuing medical education, illness, emergencies, or days off, ADPC will provide advice regarding the services of an appropriate licensed health care provider for assistance in obtaining medical services. Patient shall be given instructions as to how to contact such healthcare provider.

(b) **Portal.** Patients are encouraged to use the portal to communicate non-urgent matters to the office as much as possible as we may not be able to answer the phone while with patients. Patient understands and agrees that the portal should never be used to access medical care in the event of an emergency, or any situation that patient could reasonably expect may develop into an emergency. Patient agrees that in such situations, when a patient cannot speak to a physician immediately in person or by telephone, that patient shall call 911 or the nearest emergency medical assistance provider and follow the directions of emergency medical personnel.

(c) **Minimal Wait Appointments.** Every effort shall be made to assure that Patient is seen by the Physician immediately upon arriving for a scheduled office visit or after only a minimal wait. If Physician foresees an extended wait time, Patient shall be contacted and advised of the projected wait time.

(d) **Same Day/Next Day Appointments.** When Patient contacts the Physician, every reasonable effort shall be made to schedule an appointment with the Physician on the same day or the next business day.

(e) **Home or Office Visits.** Patient may request that the Physician see Patient in Patient's home or office, and in situations where the Physician considers such a visit reasonably necessary and appropriate, he will make every reasonable effort to comply with Patient's request. Home visits are charged at a rate of \$500/hour from the time the doctor leaves the office until his return.

(f) **Specialists.** ADPC Physician shall coordinate with medical specialists to whom Patient is referred to assist patient in obtaining specialty care. Patient understands that fees paid under this Agreement do not include and do not cover specialists' fees or fees due to any medical professional other than the ADPC Physician.

(g) **The fee** for services rendered shall be \$1200, which may be payable in equal monthly payments of \$100 commencing on the first of the coming month and monthly thereafter. Credit card or debit card payments are subject to a 3% transaction fee. This fee is subject to change based on rate changes. Payments for additional services [see section k] are due at the time of service and are subject to the same transaction fees. We can arrange for direct debit from your checking account and there will be no charge for bank funds withdrawn directly from banks. Arrangements can be made to mail us checks if you prefer.

There is a one-time enrollment fee: \$250

(h) **Late fees.** Payment is due by the first business day of the month for the preceding month. If payment is not received by the 5th of that month, a \$20 late fee will be assessed to the account. There will be a late fee of \$20 charged to the account each month the membership fee is not paid. Patient cannot have services rendered until old balances are paid in full.

(i) **Discharge due to non-payment.** If the account is more than two months overdue, discharge from the practice for non-payment will be considered. There will be a \$500 reinstatement fee if/when patient wants to re-join membership.

(j) Additional Services fees.

Home visits:	\$500/hr. including travel time
Diagnostic skin biopsy:	\$50
Excision of concerning skin lesions:	\$100
Cryotherapy up to 3 lesions:	\$25
Removal of skin tags:	\$20 first one and \$10 each additional
Electrodesiccation [burning] of skin lesions:	\$100
In office Venipuncture for routine blood draws	\$30

(k) Published rate value. No charge under membership arrangement.

Physical Exam:	\$500
Routine Office Visit:	\$300
Sick Visit:	\$150
Problem Visit:	\$300
Tele Visit:	\$200
Forms Completed:	\$100
Physician or nurse phone call for questions:	\$50

The parties have signed this Agreement the day and year first above written. I have read, understand and agree to the provisions stated in this Agreement.

Andrew W. Garner, MD
Adirondack Direct Primary Care

Date

Name of Patient Print

Date

Signature of Patient

PATIENT SELF-PAY/BILLING AGREEMENT

ADIRONDACK DIRECT PRIMARY CARE, PLLC

I, _____, the undersigned patient, acknowledge that I understand and agree to the following:

1. Andrew W. Garner, MD working with Adirondack Direct Primary Care, PLLC [ADPC] may be a participating member of my insurer.
2. I am covered by _____ health insurance plans [or whatever is my current insurance plan].
3. The health plan under which I am currently covered includes benefits for some or all the services provided by Adirondack Direct Primary Care, PLLC.
4. Despite the above, I DO NOT wish Adirondack Direct Primary Care, PLLC to submit a claim to my insurance company for services provided to me by Adirondack Direct Primary Care, PLLC.
5. Until such time as I may otherwise advise Adirondack Direct Primary Care, PLLC in writing, I elect to pay for all services I receive from Adirondack Direct Primary Care, PLLC at the rates agreed upon in the patient agreement and will not submit claims for reimbursement to said health insurance plan.
6. By election to self-pay for services, any payments I make to Adirondack Direct Primary Care, PLLC will not be credited toward satisfying any deductible that I may be subject to under my health insurance plan unless otherwise permitted under the terms of my health plan.
7. I have read this Election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.
8. I have freely chosen to self-pay for services after having asked Adirondack Direct Primary Care, PLLC about payment options and having carefully considered those options.
9. I understand that Adirondack Direct Primary Care and Dr. Andrew W. Garner are not contracted providers with any insurance companies and are considered 'out of network' and their services may not be covered by my insurance. I understand that Dr. Andrew W. Garner will attempt to work in the constraints of my insurance benefits as best is possible and is doing so at my request.
10. I agree to provide a valid driver's license or other photo form of identification to be kept securely on file at Adirondack Direct Primary Care.
11. I agree to provide a valid credit or debit card number to be kept securely on file at Adirondack Direct Primary Care and hereby authorize employees of Adirondack Direct Primary Care to charge this card for services provided to me and my dependents, as agreed.
12. I verify that I have reviewed my insurance information listed with Adirondack Direct Primary Care and that it is correct. I understand that I am responsible for knowing what facilities or specialist physicians are preferred with my insurance, and what services may or may not be covered by my insurance. I will provide this information to Dr. Andrew W. Garner when I request, he can assist me in obtaining recommended services 'in network' in the hopes my insurance will cover them.

13. I hereby request and authorize Adirondack Direct Primary Care physician and personnel to deliver medical care to myself or my dependents.

14. I understand that medical records on file are the property of the physician of Adirondack Direct Primary Care; however, I am entitled to a copy, with sufficient advanced notice, upon my written request (patients aged 18 and older must sign their own medical record release form).

15. I acknowledge that I can obtain a copy of Adirondack Direct Primary Care Practices/Patient's Privacy Rights upon request.

Authorization: Your monthly care fee covers the services described by Adirondack Direct Primary Care and is outlined in the Patient Agreement. At times, however, your care may require durable medical supplies, special services or third-party services that are not covered by your monthly care fee. The fee for Adirondack Direct Primary Care services is posted in the office, on the website and brochures. Please note that by providing the above billing information you authorize Adirondack Direct Primary Care to automatically charge your card or draw on your bank account for your monthly fees and any incidental items agreed upon at the time of service. In all cases, any additional fees will be discussed with you in advance. By signing below, I hereby authorize Adirondack Direct Primary Care to contact me using the information I have provided above. By signing below, I hereby authorize Adirondack Direct Primary Care to initiate charges to my credit card, debit card or bank account for my periodic membership fee and any incidental fees that I incur or have incurred on my account since my last billing date. I understand that the transaction amount is the total of my care fee plus the care fees of any individuals on my account.

1. This authorization to perform periodic charges to my credit card, debit card or bank account will remain in full force and effect until Adirondack Direct Primary Care has received written notification from me of its termination at such time and in such manner as to afford Adirondack Direct Primary Care and my financial institution a reasonable opportunity to act on it.

2. I understand that my participation in Adirondack Direct Primary Care is continuous and that, by signing below, I authorize recurring credit/debit charges.

3. I understand that a \$25.00 fee will be charged to me for declined credit/debit card transactions or returned checks not honored.

4. I understand there is currently a 3% fee for use of credit/debit cards per transaction.

Billing/Payment Authorization: circle one YEARLY or MONTHLY

circle one CHECK or CREDIT CARD

Name: _____

Signature: _____ Start Date: _____

PRIVACY AND AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

ADIRONDACK DIRECT PRIMARY CARE, PLLC

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under privacy requirements we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to anyone else, you must sign this form. Signing this form will only give information to the individuals listed below.

I authorize Adirondack Direct Primary Care to release my medical and/or billing information to the following individual(s):

Printed Name: _____ Relation to patient: _____ Phone: _____

Printed Name: _____ Relation to patient: _____ Phone: _____

Printed Name: _____ Relation to patient: _____ Phone: _____

Communication Agreement: It is the policy of Adirondack Direct Primary Care, PLLC not to release confidential and/or unauthorized information by any means. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, the information beyond our identification and return contact numbers will not be left with an answering machine. However, I am authorizing Adirondack Direct Primary Care to contact me and leave brief information messages at the following numbers: PLEASE PROVIDE THE APPROPRIATE NUMBERS IN THE SPACES BELOW, AND CHECK WHICH IS THE PRIMARY CONTACT NUMBER

Home _____ []

Work _____ []

Cell _____ []

Patient Information: I understand I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed. I understand that information disclosed to any above recipient is no longer protected by federal or state law and may be subject to redisclosure by the above recipient. You have the right to revoke this consent in writing at any time.

Printed Name _____ Date of Birth _____

Signature _____ Date _____

PATIENT MEDICARE PRIVATE CONTRACT AGREEMENT
ADIRONDACK DIRECT PRIMARY CARE, PLLC
(MEDICARE PRIVATE CONTRACT for patients covered by Medicare ONLY)

This agreement is entered into this ____ day of _____, by and between Andrew W. Garner (hereinafter called “physician”), whose principal medical office is located at 8 Harrison Avenue Glens Falls, NY 112801 and _____
DOB ____/____/____ (a patient enrolled in Medicare Part B, hereinafter called “patient”), who resides at _____.

Background

A provision in the Social Security Act permits Medicare beneficiaries and physicians to contract privately outside of the Medicare program. Under the law as it existed prior to January 1, 1998, a physician was not permitted to charge a patient more than a certain percentage in excess of the Medicare fee schedule amount. A new provision, which became effective on January 1, 1998, permits physicians and patients to enter into private arrangements through a written contract under which the patient may agree to pay the physician more than that which would be paid under the Medicare program.

A “private contract” is a contract between a Medicare beneficiary and a physician or other practitioner who has opted out of Medicare for two years for all covered items and services he/she furnishes to Medicare beneficiaries. In a private contract, the Medicare beneficiary agrees to give up Medicare payment for services furnished by the physician/practitioner and to pay the physician/practitioner without regard to any limits that would otherwise apply to what the physician/practitioner could charge.

The purpose of this contract is to permit the patient (who is otherwise a Medicare beneficiary) and the physician to take advantage of this new provision in the Medicare law and sets forth the rights and obligations of each. This agreement is limited to the financial arrangement between Physician and Patient and is not intended to obligate either party to a specific course or duration of treatment. Patients and physicians who take advantage of this provision are not permitted to submit claims or to expect payment for those services from Medicare.

Exception:

In an emergency or urgent care situation, a physician/practitioner who opts out may treat a Medicare beneficiary with whom he/she does not have a private contract and bill for such treatment. In such a situation, the physician/practitioner may not charge the beneficiary more than what a nonparticipating physician/practitioner would be permitted to charge and must submit a claim to Medicare on the beneficiary’s behalf. Payment will be made for Medicare covered items or services furnished in emergency or urgent situations when the beneficiary has not signed a private contract with that physician/practitioner.

A. Obligations of Physician

1. Physician agrees to provide such treatment as may be mutually agreed upon by the parties and at mutually agreed upon fees.
2. Physician agrees not to submit any claims under the Medicare program for any items or services even if such items or services are otherwise covered by Medicare.
3. Physician acknowledges that (s)he will not execute this contract at a time when the patient is facing an emergency or urgent health care situation.

B. Obligations of Patient

1. Patient or his/her legal authorized representative agrees not to submit a claim (or to request that the physician submit a claim) under the Medicare program for such items or services as physician may provide, even if such items or services are otherwise covered under the Medicare program.
2. Patient or his/her legal authorized representative agrees to be responsible, whether through insurance or otherwise, for payment of such items or services and understands that no reimbursement will be provided under the Medicare program for such items or services.
3. Patient or his/her legal authorized representative acknowledges that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner.
4. Patient acknowledges that Medigap plans do not, and other supplemental insurance plans may elect not to, make payments for items and services not paid for by Medicare.
5. Patient acknowledges that (s)he has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the (s)he 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.
6. Patient acknowledges that (s)he or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.

C. Physician's Status

Patient further acknowledges his/her understanding that physician has not been excluded from participation under the Medicare program under Section 1128.

D. Term and Termination

This agreement shall commence on the above date and shall continue in effect until _____ (physician should insert date which is two [2] years after [s]he signs the affidavit). Despite the term of the agreement, either party may choose to terminate treatment with reasonable notice to the other party. Notwithstanding this right to terminate treatment, both physician and patient agree that the obligation not to pursue Medicare reimbursement, for items and services provided under this contract, shall survive this contract.

I have read and understand the provisions regarding private contracting.

By signing this contract, I accept full responsibility for payment of the physician's or practitioner's charges for all services furnished to me from the date written above.

Signed:

Andrew Garner, MD

_____ Signature of Physician Date _____

_____ Name of Patient (printed)

_____ Signature of Patient Date _____