



Heather Bergida Thurston, PhD, PLLC
Licensed Psychologist

Agreement for Medicare Beneficiaries

This is a private contract agreement between Heather Thurston, PhD (provider) and the patient (beneficiary) of record. The beneficiary is a Medicare Part B beneficiary and is seeking services covered under Medicare Part B. Dr. Thurston has informed the beneficiary or his/her legal representative they have opted-out of the Medicare Program. The current Medicare opt-out period is active and will automatically renew every two years. Dr. Thurston is not excluded from participating in Medicare Part B under 1128, 1156, or 1892 of the Act.

The beneficiary or his/her legal representative has read and agree to the following terms of the private contract by initialing next to each of the items below and signing this contract:

I accept full responsibility for payment of Dr. Thurston's charge for all services furnished by Dr. Thurston;*

I understand that Medicare limits do not apply to what Dr. Thurston may charge for services furnished by Dr. Thurston;*

I agree not to submit a claim to Medicare or to ask Dr. Thurston to submit a claim to Medicare;*

I have been informed of the current opt-out period and the automatic renewal process;*

I understand that Medicare payment will not be made for any services furnished by Dr. Thurston that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim was submitted*

I enter into the contract with the knowledge that the beneficiary has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare*

I understand that the beneficiary is not compelled to enter into private contracts that apply to other Medicare covered services with providers who have not opted out

I 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;*

I agree this contract was not entered into during a time when the beneficiary required emergency or urgent care services.*

Full Signature (or typed name): I consent to use an electronic signature to acknowledge this agreement and agree to the information therein.

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