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Private Contract  
Between

\_\_\_\_\_ (therapist name)

And

\_\_\_\_\_, a Medicare Beneficiary

I understand that \_\_\_\_\_ (therapist) has “opted out” of the Medicare Provider Panel and has agreed not to bill Medicare for services rendered to Medicare eligible individuals. This decision has been made by \_\_\_\_\_, and is not a result of Medicare initiating an exclusion of this therapist.

I further understand that if I seek services from \_\_\_\_\_, I will be responsible for paying for those services myself.

Therefore, I give up all Medicare coverage of, and payment for, services furnished by \_\_\_\_\_.

I agree not to bill Medicare or ask \_\_\_\_\_ to bill Medicare for services I received.

I understand that I will be liable for all charges without any limits that would otherwise be imposed by Medicare.

I understand that Medigap will not pay toward the services and that other supplemental insurers may not pay either.

I understand that I have the right to receive services from practitioners for whom Medicare coverage and payment would be available.

I am not currently experiencing any emergency or urgent mental health situation, and I am signing this agreement of my own volition.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Therapist