

****Complete this form ONLY if you have Medicare coverage****

Lisa Sachdev, DO
Nova Wellness Center

MEDICARE PRIVATE CONTRACT:

Please be advised that Dr. Lisa Sachdev has opted OUT of participation with Medicare. Patients who have any coverage under Medicare (whether Medicare is the primary or secondary coverage) must sign a *Private Contract* before they can be seen by Dr. Sachdev. This is mandated by federal law and is not at the discretion of the physician and/or patient. If you have Medicare coverage (are 65 years of age or older) the providers at Nova Wellness Center will not be able to see you unless this contract is signed.

Per CMS Guidelines the contract requires that a Medicare patient be informed of the following items before they are seen by a physician who has opted out of Medicare:

(Please read and initial each item to confirm your understanding and acceptance of each term)

- The beneficiary, or the beneficiary's legal representative accepts full responsibility for payment of Dr Sachdev or her staff.** This applies to any service provided by Dr. Sachdev or any of her employees.
- The beneficiary, or the beneficiary's legal representative, understands that Medicare limits DO NOT apply to what Dr. Sachdev may charge for items or services provided at or by Nova Wellness Center.**
- The beneficiary, or the beneficiary's legal representative, agrees NOT to submit a claim to Medicare or to request that Dr. Sachdev or her office staff submit a claim to Medicare for service or items she provides.**
- The beneficiary, or the beneficiary's legal representative, enters into this 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.** The beneficiary is not compelled to enter into a private contracts that apply to other Medicare- covered services furnished by other physicians or practitioners who have not opted out of Medicare participation.
- The beneficiary, or the beneficiary's legal representative, 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 has NOT been entered into during a time when the beneficiary requires emergency or urgent care services. A photocopy of this contract has been provided before items or services were furnished to the beneficiary under the terms of the contract. This contract will be retained by Nova Wellness Center for the duration of the opt-out period.

Patient's Name: _____ DOB: _____

Patient, or authorized agent's, signature: _____

Healthcare provider's signature: *Lisa Sachdev, D.O.* _____



Nova Wellness Center
CLINIC & MEDSPA

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

**Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018**

Assistance in filing a complaint is available by calling the following telephone number:

1-800-201-9353

For more information, please visit our website at

www.tmb.state.tx.us