

Julie L. Anderson
4757 36th Ave. S. #1
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PRIVATE CONTRACT BETWEEN JULIE ANDERSON, ARNP AND ANY
PATIENTS WITH MEDICARE COVERAGE

By signing this contract I, _____, or my
legal representative _____ clearly
understand and agree that:

- 1) I will not submit a claim or request that Julie Anderson, ARNP, submit a claim for payment under Medicare, even if such items and services would otherwise be covered by Medicare.
- 2) I am responsible through insurance or otherwise for payment of such items or services and understand that no reimbursement will be provided by Medicare for such items and services.
- 3) Julie Anderson, ARNP, is not limited in the amount that she may charge for her services.
- 4) Medigap plans do not make payments and other supplemental insurance plans may choose not to make payments for items and services provided by Julie Anderson, ARNP.
- 5) I have the right to have items and services furnished by other practitioners whose services may be covered by Medicare.
- 6) I am not requesting urgent or emergency care from Julie Anderson, ARNP.

Date: _____ Signed: _____
Patient

Or _____
Patient's Legal Representative