

**William F. Corell, M.D.**

**Family Practice • Holistic & Preventative Medicine • Bio-Energetics**

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MEDICARE PRIVATE CONTRACT

As of October 12, 1998, Dr. William F. Corell elected to "Opt Out" of the Medicare program and is thereby excluded from participation with Medicare under Section 1128 of the Social Security Act. He is permitted to enter into private contracts with Medicare beneficiaries under specific requirements.

By signing this contract you, the Medicare beneficiary, or your legal representative:

- Agree not to submit a claim or to request Dr. Corell submit a claim for payment under Medicare, even if such items and services would otherwise be covered by Medicare;
- Acknowledge that Medigap plans do not, and that other supplemental insurance plans may choose not to, make payment for items and services furnished by Dr. Corell under the contract;
- Agree to be responsible for payment of such items or services;
- Acknowledge that no reimbursement will be provided by Medicare for such items and services;
- Acknowledge that Dr. Corell is not limited in the amount that he may charge for the items and services furnished; and
- Acknowledge that the beneficiary as the right to have such items and services provided by other physicians/practitioners who have not "opted out" of the program.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or patient's authorized representative

\_\_\_\_\_  
Relationship or status if signed by anyone other than patient

\_\_\_\_\_  
Witness

D.S.H.S. PRIVATE CONTRACT

As of July 1, 2005, Dr. William F. Corell elected to "Opt Out" of the D.S.H.S. program and is thereby excluded from participation with D.S.H.S. He is permitted to enter into private contracts with D.S.H.S. beneficiaries under specific requirements.

By signing this contract you or your legal representative:

- Agree not to submit a claim or to request Dr. Corell submit a claim for payment under D.S.H.S., even if such items and services would otherwise be covered by D.S.H.S.;
- Agree to be responsible for payment of such items or services;
- Acknowledge that no reimbursement will be provided by D.S.H.S. for such items and services;
- Acknowledge that Dr. Corell is not limited in the amount that he may charge for the items and services furnished; and
- Acknowledge that the beneficiary has the right to have such items and services provided by other physicians/practitioners who have not "opted out" of the program.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or patient's authorized representative

\_\_\_\_\_  
Relationship or status if signed by anyone other than patient

\_\_\_\_\_  
Witness