VMP, llc
Expanding Genetic Horizons

Voice: 404.793.7800
Fax: 866.744.5665
www.vmpgenetics.com

MEDICARE PATIENT CONSENT FORM

1905

This agreement is between Dr. Fran D. Kendall ("Physician"), whose principal place of business is 5579 Chamblee Dunwoody Rd, Ste 110, Atlanta, GA 30338, and the patient listed below ("Patient"), who is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Patient that Physician has opted out of the Medicare program effective on June 26, 2018 for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide medical evaluation and consulting services ("Services") to Patient.

In exchange for the Services, the Patient agrees to make payments to Physician pursuant to the VMP, LLC Fee Schedule. Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

VirtualMedicalPractice, llc
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Mail to: 5579 Chamblee Dunwoody Rd, Suite 110, Atlanta, GA 30338

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- Patient acknowledges that a copy of this contract has been made available to him.
- Patient agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his beneficiaries.

Please sign and date on the lines below and return to our office prior to your appointment. We cannot provide an appointment unless we have this signed Consent on file.

I have read the contents of this 2 page Consent, and I fully understand and accept all terms by signing below. My consent to the above and any or all associated assignments remains effective until I revoke it in writing. The date of execution of this Consent is the DATE SIGNED listed below.

PLEASE PRINT - PATIENT NAME | **DATE OF BIRTH**

PLEASE PRINT –NAME OF PARENT/GUARDIAN OF PATIENT AND THE RELATIONSHIP TO PATIENT if so signing

SIGNATURE – PATIENT OR PARENT/GUARDIAN | **DATE SIGNED**

JDKendall

Dr Fran D. Kendall

1906

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