

SETH A. JERABEK, MD  
HOSPITAL FOR SPECIAL SURGERY  
541 EAST 71<sup>ST</sup> STREET  
NEW YORK, NEW YORK 10021

-----  
TEL: 212-774-7180  
FAX: 212-774-7347

### Notice to Medicare Beneficiaries

Dear Medicare Beneficiary:

Effective January 1, 2022, I have opted-out of the Medicare Program for the next two (2) years and, therefore, I will not accept assignment of Medicare claims, or receive any payment for service furnished to a Medicare beneficiary under a Medicare Managed Care Plan. I made this decision voluntarily. This does not mean I am excluded from treating Medicare beneficiaries. I cannot, however, provide services to any patient that intends to submit a claim to Medicare or to another health plan or organization that accepts money from Medicare or a Medicare Managed Care Plan. If you would like to submit claims for treatment to Medicare or to a Medicare Managed Care Plan, I will gladly refer you to another physician who participates in the Medicare Program. However, if you would like to receive services from me, you must understand the following:

1. You must agree not to submit a claim to Medicare or a Medicare Managed Care Plan (“Medicare”) or ask me, **Dr. Jerabek**, to submit a claim to Medicare even if services are covered by the Medicare Program (“Medicare Covered Services”);
2. You or your legal representative must agree to be responsible for payment for the medical services furnished by me and acknowledge that no reimbursement will be provided by Medicare for these services;
3. You should understand that no limitation on charges set by Medicare apply to the Medicare Covered Services furnished by me;
4. You should understand that Medicare payment will not be made for any items or Medicare Covered Services furnished by me that otherwise would be covered by Medicare;
5. You should understand that Medigap Plans may not, and other supplemental insurances may not, provide reimbursement for such Medicare Covered Services; and
6. You have the right to obtain Medicare Covered Services from physicians and practitioners who have not opted-out of Medicare and you should not feel compelled to enter into a private contract for these services.

If you would like to see me as your physician, please read and sign the attached form. If you have any questions, we will be happy to discuss this with you further.

Very truly yours,

Seth A. Jerabek, MD



**SETH A. JERABEK, MD  
HOSPITAL FOR SPECIAL SURGERY  
541 EAST 71<sup>ST</sup> STREET  
NEW YORK, NEW YORK 10021**

-----  
**TEL: 212-774-7180  
FAX: 212-774-7347**

**PRIVATE CONTRACT FOR MEDICARE BENEFICIARIES**

I, \_\_\_\_\_, understand that Seth A. Jerabek, M.D. has opted-out of the Medicare Program, and Dr. Jerabek is not bound by the Medicare Physician Fee Schedule. However, I wish Seth Jerabek, M.D. to treat me as his patient. Accordingly, I agree to and understand the following:

1. I agree not to submit and will not ask Dr. Seth Jerabek to submit a claim to Medicare or a Medicare Care Plan even if the services provided by Dr. Seth Jerabek are covered by the Medicare Program (“Medicare Covered Services”).
2. I also agree to be fully responsible for full payment of Dr. Seth A. Jerabek’s charges for all services furnished by Dr. Jerabek and acknowledge that no reimbursement will be provided by Medicare for any services furnished.
3. I understand that Medicare’s limitation on charges will not apply to Dr. Seth Jerabek’s charges for the Medicare Covered Services furnished.
4. I agree not to submit a claim to Medicare or to ask Dr. Jerabek to submit a claim to Medicare.
5. I understand that Medigap plans do not, and other supplemental insurance plans may not, provide reimbursement for such items and Medicare Covered Services furnished by Dr. Jerabek.
6. I understand that I have the right to have these services provided by other physicians for whom payment would be made under Medicare.
7. I understand that Medicare payment will not be made for any items or Medicare Covered Services furnished by Dr. Jerabek that otherwise would be covered by Medicare if this private contract did not exist and a proper Medicare claim was submitted.
8. I understand that I have the right to obtain Medicare Covered Services from physicians and practitioners who have not opted-out of Medicare and that I am not compelled to enter into a private contract for Medicare Covered Services furnished by other physicians or practitioners who have not opted-out. However, I am signing this private contract because I want Dr. Jerabek to provide my care.
9. I understand that Dr. Jerabek is not excluded from Medicare, but will not participate in the Medicare Program for a minimum of two (2) years starting from January 1, 2022 and ending December 31, 2023.

\_\_\_\_\_  
Seth A. Jerabek, M.D.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Patient’s Date of Birth

\_\_\_\_\_  
Today’s Date