

Patient Registration

Name: _____ Date: _____

Address: _____ Date of Birth: _____

City, State, Zip _____ Primary Dr.: _____

Home Phone# _____ Cell# _____

Allergic to: _____

Medicines now taking: _____

Please circle any conditions you are or have been treated for:

Diabetes	Glaucoma	eye problems
High Blood Pressure	COPD	hearing problems
Neuropathy (numbness in feet)	Cancer	walking (gait) problems
PVD (Poor Circulation)	Headaches (migranes)	stomach problems
Arthritis	Auto Immune Disease	Epilepsy
Parkinsons	MS	

Other Conditions or information you want a doctor treating you to be aware of: _____

Sign here

Date

Patient Contract

This agreement is between Dr. Hylinski (Physician), whose principal place of business is 1 Bridle Ln., Blue Bell, PA 19422 and patient _____
_____ (patient) who resides at _____

And is a Medicare Part B beneficiary seeking services covered 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 January 1, 2017 for a period of at least 2 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 the following medical services to Patient (the "Services") : Home foot care exam and treatment as found; trimming/debriding of nails as well as corns & calluses.

In exchange for the Services, the patient agrees to make payments to Physician pursuant to the attached 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.
- Patient acknowledges that a copy of this contract has been made available to him/her.

Joseph H. Hylinski DPM

Patient/Legal Representative

Date: _____

Date: _____

Fee Schedule:

Home foot Care & Exam _____

Includes trimming/debriding of nails and corns/calluses