



30 S. Valley Rd. Ste. 101C, Paoli, PA 19301
Phone: (267) 747-3669 Fax: (484) 383-0300

Consent for Medicare/Medicaid:

This document is an agreement between you, (Patient), and the provider(s) you have been scheduled to see (Provider) at RiseNow Autism Innovations LLC.

This document applies to patients enrolled in Medicare, Medicare Advantage and/or a state Medicaid or Medical Assistance program.

Patient is enrolled in the Medicare program (including Medicare Part B, a Medicare Advantage plan under Medicare Part C, or any other coverage through the Medicare program), and/or a state Medicaid or Medical Assistance program (including the Pennsylvania Medical Assistance program and any managed care plan offered by a state Medicaid program).

The Provider has informed Patient that Provider has either opted out of the Medicare program and/or does not participate in any state Medicaid or Medical Assistance programs. For providers opted out of Medicare, The Provider's opt out status auto-renews every two years unless terminated prior to the renewal date. The Provider does not anticipate changing this opt out status at any time, while caring for the Patient. Provider also does not anticipate enrolling and/or participating in any State Medicaid or Medical Assistance program or Medicaid managed care plan while providing services to the Patient. The Provider is not excluded from participating in Medicare under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Provider agrees to provide the following services to Patient (the "Services"): Psychiatric evaluations, medication management and/or psychotherapy.

In exchange for the Services, the Patient agrees to make payments to Provider pursuant to the practice's Fee schedule. (See office policies and fees for RiseNow Autism Innovations LLC, which is included in patient intake forms and is at www.risenowai.com).

Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Provider submit a claim) to the Medicare program, a Medicare Advantage plan, a state Medicaid or Medical Assistance program, or a managed care plan offered by a state Medicaid program with respect to the Services, even if the Services would be covered if rendered by a provider who participates in Medicare or the relevant state Medicaid or Medical Assistance program. To find out if a Service is covered by Medicare or Medicaid (including a Medicare Advantage plan or Medicaid managed care plan), Patient is strongly encouraged to directly contact Medicare, the relevant state Medicaid program, relevant Medicare Advantage plan, and/or relevant state Medicaid managed care plan. Patient acknowledges that the Services to be provided under this Agreement may be covered by Medicare and/or Medicaid and that Patient may be able to access those Services at no or reduced out of pocket cost by choosing to receive Services from a different provider who has chosen to participate in the Medicare and/or Medicaid programs.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's or any state Medicaid or Medical Assistance program fee limitations nor any other Medicare or state Medicaid or Medical Assistance reimbursement regulations apply to charges for the Services.



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- 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 is strongly encouraged to contact Patient's Medi-Gap or other supplemental insurance plan to learn about coverage options under Patient's plan.
- Patient acknowledges that Patient has the choice, as a Medicare and/or Medicaid beneficiary, to obtain Medicare-covered and/or Medicaid-covered items and services from providers who have not opted-out of Medicare and/or Medicaid, and that the Patient is not compelled to enter into private contracts that apply to other Medicare-covered or Medicaid-covered services furnished by other providers who have opted-out.
- Patient agrees to make payment in full for the Services at the rates in above referenced Fee Schedule, and acknowledges that Provider will not submit a Medicare or Medicaid claim for the Services and that no Medicare or Medicaid reimbursement will be provided.
- Patient understands and acknowledges that a prescription written by Provider may not be covered by Medicare, the relevant state Medicaid program, relevant Medicare Advantage plan, and/or relevant state Medicaid managed care plan. Patient is strongly encouraged to directly contact Patient's pharmacy provider and, as relevant, Medicare, Medicare Advantage plan, state Medicaid program, and/or Medicaid managed care program, to learn about Patient's prescription drug coverage options. Patient acknowledges that Provider will not contact a pharmacy provider on Patient's behalf to discuss Patient's coverage options.
- Patient acknowledges that a copy of this contract has been made available to Patient.
- Patient agrees to reimburse Provider for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or any person or entity acting or purporting to act on Patient's behalf.

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- Patient acknowledges that Patient has the choice, as a Medicare and/or Medicaid beneficiary, to obtain Medicare-covered and/or Medicaid-covered items and services from providers who have not opted-out of Medicare and/or Medicaid, and that the Patient is not compelled to enter into

private contracts that apply to other Medicare-covered or Medicaid-covered services furnished by other providers who have opted-out.

- Patient agrees to make payment in full for the Services at the rates in above referenced Fee Schedule, and acknowledges that Provider will not submit a Medicare or Medicaid claim for the Services and that no Medicare or Medicaid reimbursement will be provided.

- Patient understands and acknowledges that a prescription written by Provider may not be covered by Medicare, the relevant state Medicaid program, relevant Medicare Advantage plan, and/or relevant state Medicaid managed care plan. Patient is strongly encouraged to directly contact Patient's pharmacy provider and, as relevant, Medicare, Medicare Advantage plan, state Medicaid program, and/or Medicaid managed care program, to learn about Patient's prescription drug coverage options. Patient acknowledges that Provider will not contact a pharmacy provider on Patient's behalf to discuss Patient's coverage options.

- Patient acknowledges that a copy of this contract has been made available to Patient.

- Patient agrees to reimburse Provider for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or any person or entity acting or purporting to act on Patient's behalf.

Name_____

Signed_____

Date_____