Jessica Sauer, LCSW
Brand New Day Counseling, LLC
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MEDICARE SELF-PAY CONTRACT AGREEMENT

I, _____ (Name of Medicare beneficiary) accept full responsibility for payment of charges for all services furnished by Jessica Sauer, LCSW. I understand that Medicare limits do not apply to what Jessica Sauer, LCSW may charge for items or services furnished. I agree not to submit a claim to Medicare or to ask Jessica Sauer, LCSW to submit a claim to Medicare. I understand that Medicare payment will not be made for any items or services furnished by Jessica Sauer, LCSW that otherwise would have been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted. I enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a practitioner who has not opted-out of Medicare, and I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other practitioners who have not opted-out. I understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare. This contract cannot be entered into by me when I require emergency care or urgent care services.

I will receive or have received a copy of this contract, before items or services are furnished to me under the terms of this contract.

Jessica Sauer, LCSW will retain the original contract (original signatures of both parties required) for the duration of the opt-out period (November 8, 2023-November 7, 2025). Jessica Sauer, LCSW will supply CMS with a copy of this contract upon request. Jessica Sauer, LCSW understands that the current private contract remains in effect for two years. If Jessica Sauer, LCSW again opts-out of Medicare, a new contract will be expediently completed for each Medicare beneficiary.

Provider's NPI: 1427363845 Provider's Specialty: Licensed Clinical Social Worker

Provider's Signature:_____ Date:_____

Patient's Signature:_____ Date:_____

Witness Signature:_____ Date:_____

Contact Name:_____ Phone#:_____

Contact Email:_____

Effective 12/10/2024