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PRIVATE CONTRACT FOR HEALTH CARE SERVICES

I, _____, am enrolled in _____
_____ (“Health Plan”). I am asking Jennifer Palmer, M.D. to provide
health care to me without billing that Health Plan for my care.

I know that:

1. Dr. Palmer does not have a contract with my Health Plan, or
2. Dr. Palmer does not have a contract with my Health Plan for the kind of care I am asking
for, or
3. Dr. Palmer does have a contract with my Health Plan but I am not asking my Health Plan
to pay for the care I want Dr. Palmer to give me, and
4. I choose not to use my Health Plan and agree to pay for my care myself.

Knowing all of this, I want to enter into this private contract for health care services with
Jennifer Palmer, M.D., and I will not use my health plan to pay for the care I want.

1. I agree that I will pay for the services and care rendered by Dr. Palmer.
2. I agree that I will not ask Dr. Palmer to send a bill to my Health Plan.
3. I know that Dr. Palmer will not send a bill to my Health Plan or take a payment from my
Health Plan for the services and care I request.
4. I agree that I will not send my bills for services and care rendered by Dr. Palmer to my

Health Plan for payment or reimbursement.

5. I know that the cost for the services and care I want Dr. Palmer to give me will be in the range of \$_____.

By signing my name here, I am saying that I understand what I must do under this private contract.

Name

Signature

Date of Signature