



Carlos H. Letelier, M.D., D.M.D., D.D.S.  
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### Medicare Private Contract

By signing contract I understand and agree that I will not submit (or request that my oral and maxillofacial surgeon submit) a claim to Medicare or its agents for services provided by Dr. Carlos H. Letelier, even if such services would otherwise be covered.

I agree to be fully responsible, through insurance or otherwise, for payment of service rendered by Dr. Carlos H. Letelier-Center for surgical arts, and I understand that no claims will be submitted to Medicare and no Medicare Reimbursement will be provided for these services.

I understand that there are no limits specified by Medicare as to the amounts that may be charged by the oral and maxillofacial surgeon for services provided.

I understand that Medigap plans do not, and other health and medical care insurance plans may elect not to, make payment for such services.

I understand that I have the right to have services provided by other oral and maxillofacial surgeons or other practitioners for whom Medicare payment would made, and that I am not compelled to enter into private contracts that apply to covered care furnished by other health care professionals who have not opted.

I understand that Dr. Carlos H. Letelier is not excluded from participation in the Medicare Program under Section 1228 of the Social Security Act or pursuant to any other legal authority. I also understand that the rules that the rules explained above are those mandated by **MEDICARE** and not by the non-participating physicians.

This contract is effective on August 22, 2019, will expire on August 22, 2021.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Oral and Maxillofacial Surgeon's

Signature: Carlos H. Letelier