

JOSEPH KAVCHOK JR. M.D. P.C.
319 MAIN STREET
EMMAUS, PA 18049

MEDICARE NOTICE

MEDICARE/MEDICARE PRODUCTS WILL ONLY PAY FOR SERVICES THAT IT DETERMINES TO BE REASONABLE AND NECESSARY UNDER SECTION 1862(a) (1) OF THE MEDICARE LAW. IF MEDICARE/MEDICARE PRODUCTS DETERMINES THAT A PARTICULAR SERVICE IS "NOT REASONABLE AND NECESSARY" UNDER MEDICARE PROGRAM STANDARDS, MEDICARE/MEDICARE PRODUCTS WILL NOT PAY FOR ROUTINE EYE EXAMINATIONS AND/OR REFRACTIONS.

BENEFICIARY AGREEMENT

I have been notified by my physician that he believes that, in my case, Medicare/Medicare Products is likely to deny payment for services(s) identified above, for the reason(s) stated. If Medicare/Medicare Products denies payment, I agree to be personally and fully responsible for payment. This signed document is valid from this date forward, and includes all visits while I am a patient of JOSEPH KAVCHOK JR MD.

SIGNED _____

DATE _____