



My Country Doctor

Waiver for Billing Medicare

I, the undersigned, understand that Paul Ferenchak, M.D., is not a participating provider with Medicare.

I realize I will **not** be able to bill Medicare for services performed by Dr. Ferenchak.

I realize that I may see another physician who is a participating provider with Medicare, but, instead, I willingly chose to have Dr. Ferenchak perform medical services for me.

Name: _____

Signature: _____

Effective this date: _____