

Patient Name: _____

Patient DOB: _____

Medicare “Opt Out” Contract

The Physician has informed Patient that Physician has opted out of the Medicare program. The physician is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Patient agrees, understands and expressly acknowledges the following:

Initial

	Patient accepts full responsibility for payment of the physician’s charge for all services furnished by the physician.
	Patient understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.
	Patient agrees not to submit a claim to Medicare or to a supplement plan. Patient agrees not to ask the physician to submit a claim to Medicare or to a supplement plan.
	Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
	Patient enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.
	Patient understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
	Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him upon request.

Patient Signature: _____

Date: _____