

Medicare Opt Out Private Contract

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YOUR PRACTICE NAME (on practice letterhead)

Private Contract

Beneficiary: _____
Last First MI

Address: _____
Street City State ZIP

Medicare ID # _____

This agreement is between "Doctor Name" DDS or DMD, whose principal place of business is "full address", and the beneficiary, who is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician (dentist) has informed Beneficiary or his/her legal representative that Physician has opted out of the Medicare program effective on August 1, 2001 for a period of at least two years, to expire on July 31, 2003. The physician (dentist) is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:

Initial

- _____ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician's (dentist's) charge for all services furnished by the physician (dentist).
- _____ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.
- _____ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the physician (dentist) to submit a claim to Medicare.
- _____ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician (dentist) that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- _____ Beneficiary or his/her legal representative 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.
- _____ Beneficiary or his/her legal representative 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 the beneficiary is not currently in an emergency or urgent health care situation.
- _____ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him.

Beneficiary/Legal Representative: _____ Date: _____

Doctor: _____ Date: _____