

Medicare Opt-Out and Medicare Patient Understanding

Patient/Medicare Beneficiary: _____

Medicare ID #: _____

Medicare Beneficiary Address: _____

Please initial by each statement below to indicate your understanding/agreement.

Physician's Practice are EXCLUDED from Medicare under §§1128, 1156 or 1892 of the Social Security Act;

_____ Patient or his/her legal representative accepts full responsibility for payment of the Physician's charge for all services furnished by the Physician;

_____ Patient 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;

_____ Patient or his/her legal representative agrees not to submit a claim to Medicare or to ask the Physician to submit a claim to Medicare;

_____ Patient or his/her legal representative 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 or his/her legal representative enters into the 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 that 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;

The effective date of the Physician opt-out is January 1, 2021, and the expected expiration date of the opt-out period December 31, 2022;

_____ Patient or his/her legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payment for items and services not paid for by Medicare;

Patient or Patient legal representative acknowledges that the beneficiary is not currently requiring emergency care services or urgent care services;

This document will be provided (*a photocopy is permissible*) to the beneficiary or to his/her legal representative before items or services are furnished to the beneficiary under the term of the contract;

This document will be retained (*original signatures of both parties required*) by the physician/practitioner for the duration of the opt-out period;

This document will be made available to CMS (*Centers for Medicare and Medicaid Services*) upon request; and

This document will be entered into for each opt-out period.

Executed on: _____, 20 _____.

Patient Printed Name: _____

Patient Signature: _____
Medicare Beneficiary Patient or Legal Representative of Patient

Practice Representative: _____