

Private-Pay (Opt-Out) Medicare Contract

Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary.

I have not been excluded from providing medical services under Social Security Act Medicare (including sections 1128, 1156, 1892, CFR § 405, subpart D. I Benita Weems have chosen to separate myself (“opt-out”) from Medicare. My current opt-out started _____ and ends _____. Because I opted out, Medicare requires I have you sign a private-pay medical services contract before I treat you. You pay the bill. You will have to use your own money to pay the ENTIRE cost of my services.

Medicare charge limits DO NOT apply to products or services you receive from me through this private-pay medical services contract. I can charge you whatever amount you and I agree to.

Medicare will NOT help pay your bill. Because I separated from Medicare, it is against the rules for you to send a bill to Medicare for my services or ask me to send the bill to Medicare for you.

You do have the right to receive the same service from a provider who accepts Medicare and Medicare will pay for those services. Medicare won’t pay for my services because I have separated myself from Medicare.

You have the right to get your product or service from a provider connected to Medicare or from me, a provider separated from Medicare. Even if you get your product or service from me, you can always get products and services from providers connected to Medicare. Providers who accept Medicare are not required to have you sign private-pay medical services contracts.

This contract does NOT cover emergency or urgent care services. If you have an emergency or urgent medical need, ask me for help or dial 911. It is against Medicare rules for me to have you sign a private-pay medical services contract for emergency or urgent medical services.

Medigap or other supplemental plans WILL NOT help pay for products or services you get from me. If you have some other medical insurance plan, it MIGHT NOT help pay your bill either.

If you decide to sign this contract, make sure that I also sign the contract. It is also important you get a copy of the contract to keep. This way you will have a copy to look at if you have any questions about the contract in the future.

I, the provider, will supply a copy of this contract in the event CMS requests a copy.

Signature of patient or legally authorized individual

Date

Printed Name (and relationship to patient if signed on behalf of patient above)

Date

Benita Weems, M.A.; MDIV; M.A. LMHC-

Date