

Medicare private contract for patients 65 years and older

This contractual agreement is between Dr. O'Leary (Dentist), whose principal place of business is at 9321 Martin Way E., Suite 101, Lacey, WA 98516 and _____ (patient), a Medicare Part B beneficiary. As a Dentist that has opted out of the Medicare program on 10/1/2013 for at least two years, Dr. O'Leary has informed Patient that treatment she provides to any Medicare beneficiary is not subject to Medicare limits. Pursuant to Dentists' "Opt Out" agreement with Medicare. Patient has also been informed that Dentist is prohibited from billing Medicare for services provided to patient. As required by law, this agreement clearly states that Dr. O'Leary is a provider in good standing with the Medicare program under section 1128, 1156, 1982 of the Social Security Act.

By signing this contract, the beneficiary or the beneficiary's legal representative, agrees to pay Dentist according to the Dentist's fee schedule. Patient also agrees, understands, and expressly acknowledges the following:

Please initial each item below:

_____ Patient is currently NOT in an emergency health situation.

_____ Patient agrees NOT to submit a claim or request Dentist to submit a claim to the Medicare program, even if services may be covered by Medicare Part B.

_____ Patient acknowledges that neither Medicare's fee limitation nor any other Medicare reimbursement regulations apply to services provided by Dentist.

_____ Patient understands that Medicare payment will not be made for any items or services furnished by the Dentist that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

_____ Patient acknowledges that Medigap plans will not provide payment for services rendered because payment will not be made under that Medicare program. Other supplemental plans may also deny payment.

_____ Patient acknowledges that he/she has a right, as a Medicare beneficiary; to obtain Medicare covered items and services from Dentist that have not opted out of Medicare and that Patient is not compelled to enter into private contracts that apply to other Medicare covered services furnished by other Dentists who have not opted out.

_____ Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for services provided by the Dentist and acknowledges that the Dentist will not submit a claim for Medicare reimbursement.

_____ Patient acknowledges that a copy of this agreement has been made available to him/her. This contractual agreement shall remain in force from the date it is signed by Patient until the end of the Term of Dentist's current opt-out period. The expected expiration date of the Dentist's opt-out period is 2015 and will be renewed every two years after that.

Agreement accepted by (patient): _____ Date: _____