Private Contract - Provider Opt-Out of Medicare

Provider Name: Dr. Benjamin Ose

Provider Address: 800 W. Williams St. Suite 231A

City: Apex State: NC Zip Code: 27502

Beneficiary Name:

Legal Representative (if applicable):

Beneficiary Medicare Number:

This private contract agreement is between the physician and beneficiary noted above. The beneficiary is a Medicare Part B beneficiary and is seeking services covered under Medicare Part B. The physician above has informed the beneficiary or his/her legal representative they have opted-out of the Medicare Program. The current Medicare opt-out period is from 8/1/23 to 8/1/25. The physician noted above is not excluded from participating in Medicare Part B under §§1128, 1156 or 1892 of the Act.

The beneficiary or his/her legal representative has read and agree to the following terms of the private contract by placing their initials by the items below:

- ☐ I, or my legal representative, accept full responsibility for payment of the physician's or practitioner's charge for all services furnished by this physician/practitioner;
- ☐ I, or my legal representative, understands that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner;
- ☐ I, or my legal representative, agree not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare;
- ☐ I, or my legal representative, have been informed of the expected or known expiration date of the opt-out period; which is 8/1/23 to 8/1/25;
- ☐ I, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted;
- ☐ I, or my legal representative, enter into the contract with the knowledge that the beneficiary 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;
- ☐ I, or my legal representative, understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare;
- ☐ I, or my legal representative, agree this contract was not entered into during a time when the beneficiary required emergency care services or urgent care services.

Date

Beneficiary or Legal Representative's Signature

Date

Physician's Signature