## **Medicare Private Contract**



Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary. Enter the provider's name and the beneficiary's name in the appropriate boxes. Signatures from the provider, a witness and the patient/beneficiary or their legal representative are required below. The supplier must submit an affidavit to Medicare expressing his/her decision to opt-out.

I	(provider's name) have not been	excluded from Medicare under
	1892 of the Social Security Act	
	iciary) or my legal representative accept full ned by( <b>provi</b>	
	iciary) or my legal representative understan (provider's name) may charg	
I (the Medicare benefi	iciary) or my legal representative agree not (provider's name) to submit a clair	
be made for any items	iciary) or my legal representative understands or services furnished byrwise been covered by Medicare if there was een submitted.	(provider's name)
I have the right to obt who has not opted-ou	iciary) or my legal representative enter into ain Medicare-covered items and services fro at of Medicare, and I am not compelled to en ed services furnished by other physicians of	om a physician and/or practitioner nter into private contracts that apply to
	vn effective date and expected or known exp	
	iciary) or my legal representative understan mental plans may elect not to, make payme	•
during a time when I,	be entered into by me, (the Medicare benefic (the Medicare beneficiary), require emerger physician/practitioner may furnish emerger	ncy care services or urgent care

I (the Medicare beneficiary) or my legal representative will receive or have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract.

Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual)

29375069 (04611) 5-15

I	(provider's name) will retain the	original contract (original signatures of
both parties required) for	the duration of the opt-out period.	
I	(provider's name) will supply CMS with a copy of this contract	
upon request.		
remains in effect for two	(provider's name) understand the years. If I again opt-out of Medicare, I we ciary and will expediently submit the approximate the approximate the submit the subm	vill expediently complete a new contract
Provider's NPI:		
Provider's Signature:		Date:
Patient's Signature:		Date:
Patient's Legal Representative Signature:		Date:
Witness:		Date:
Contact Name:	Ph	one #:
Contact Email:		