

Private Contract - Provider Opt-Out of Medicare

IF APPLICABLE (65 YEARS OR OLDER)

Provider Name: Raleigh Prosthodontics - Dr. John A. Murrell & Dr. Hugh Murphy

Provider Address: 2605 Blue Ridge Road, Suite 310 Raleigh, NC 27607

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[s] 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 November 2019 to indefinite. The physician[s] noted above is not excluded from participating in Medicare Part B under ss1128,1156 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 reviewing the items and signing 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 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 November 2019 to indefinite;
- 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 physician's and practitioners who have not opted out of Medicare and that the beneficiary is not 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 services or urgent care service.

Date: _____

Beneficiary or legal Representative's Signature

 Handwritten signature of John A. Murrell in cursive.

John A. Murrell, DDS, FACP

 Handwritten signature of Hugh Murphy in cursive.

Hugh Murphy, DDS, MS