



Medicare Opt Out Contract

This agreement is between Dr. Alan Dappen M.D. ("Physician"), or, Dr. Steven Simmons M.D. (Physician) whose principal place of business is DocTalker Family Medicine, Located at 370 Maple Ave W St V, Vienna, VA 22180, and patient:

Name: _____

Date of Birth: _____

and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Patient that Physician has opted out of the Medicare program effective on April 1, 2014 and September 1, 2014 respectively, for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128,1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide primary medical care to Patient (the "Services"): In exchange for the Services, the Patient agrees to make payments to Physician pursuant to DocTalker's Price List, with payment due at the time of service. Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent healthcare situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient 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.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him. ("Patient")

Signature of Physician _____ Date _____

Signature of Patient _____ Date _____

Signature of Holder of _____ Date _____

Patient's Power of Attorney (if applicable)

(must have Adobe Reader)
or send to info@doctalker.com