

## Sample Medicare Opt Out Private Contract

This contract is between \_\_\_\_\_ (“Dentist”) and \_\_\_\_\_  
(Medicare beneficiary, referred to in this contract as “Patient”).

Dentist has elected to opt out of Medicare. A dentist who opts out is not required to submit claims on behalf of beneficiaries and is not subject to Medicare limits on charges for covered services.

1. Dentist represents that Dentist [is] [is not] (strike one) excluded from participation under the Medicare program under §1128, 1156 or 1892 of the Social Security Act.
2. Patient (or Patient’s legal representative) and Dentist agree that Patient is not now facing an emergency or urgent health care situation.
3. By signing this contract, Patient (or Patient’s legal representative) does the following:
  - a. accepts full responsibility for payment of Dentist’s charge for all services furnished by Dentist;
  - b. understands that Medicare limits do not apply to what the Dentist may charge for items or services furnished by the Dentist;
  - c. agrees not to submit a claim to Medicare or to ask Dentist to submit a claim to Medicare;
  - d. understands that Medicare payment will not be made for any items or services furnished by Dentist that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted;
  - e. enters into this contract with the knowledge that Patient has the right to obtain Medicare-covered items and services from dentists, physicians, and practitioners who 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, physicians, or practitioners who have not opted out;
  - f. understands 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;
4. The [expected] [known] (strike one) effective date of the opt-out period is:  
\_\_\_\_\_

The [expected] [known] (strike one) expiration date of the opt-out period is:  
\_\_\_\_\_

This contract shall remain in force and effect from the date it is signed by Patient until the end of the term of the Dentist's current opt-out period.

Accepted and Agreed: \_\_\_\_\_  
Dentist

Accepted and Agreed: \_\_\_\_\_  
Patient or Patient's  
Legal Representative

Date: \_\_\_\_\_

**Original Contract Must Be Retained by Dentist.  
A Copy Will Be Provided To Patient or Patient's Legal Representative before Items or  
Services are Furnished under the Terms of this Contract.**

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