



WIMBERLEY
DENTAL & WELLNESS

MEDICARE OPT-OUT CONTRACT

PRINTED NAME OF PATIENT: _____ Date of Birth: _____

PRINTED NAME OF LEGAL GUARDIAN: _____

This contract is between Dr. Jennifer M. Roe (Dentist) and the Medicare beneficiary, referred to in this contract as _____ (Patient) as listed above. This contract allows Dentist to provide treatment to patient without being subject to Medicare limits. To do so, the law requires Dentist to “opt-out” of Medicare and that no Medicare claim will be filed for the treatment of Patient by Dentist.

Dentist represents that Dentist is excluded from participation under the Medicare program under § 1128, 1156 or 1892 of the Social Security Act; in addition, Patient and Dentist agree that Patient is not now facing an emergency or urgent health care situation.

BY SIGNING THIS CONTRACT, PATIENT (OR PATIENT’S LEGAL GUARDIAN) DOES THE FOLLOWING:

1. Accepts full responsibility for payment of Dentist’s charges for all services furnished by the Dentist.
2. Understands that Medicare limits do not apply to what the Dentist may charge for items or services furnished by the Dentist.
3. Agrees not to submit a claim to Medicare or to ask Dentist to submit a claim to Medicare.
4. Understands that Medicare payment will not be made for any items or services furnished by the Dentist that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
5. Enters into this contract with the knowledge that Patient has the right to obtain Medicare covered items and services from dentist, physicians, and practitioners who have not opted out of Medicare-covered services furnished by other dentist, physicians, or practitioners who have not opted out.
6. Understands that Medi-gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

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. The expected expiration date of Dentist's opt-out period is: **APRIL 1, 2024**

ACCEPTED AND AGREED: _____
Doctor or Representative Signature

ACCEPTED AND AGREED: _____
Patient or Patient’s Legal Guardian Signature

TODAY’S DATE: _____