



PATIENT'S NAME: \_\_\_\_\_

I am writing this letter to notify you that as of 1/1/19, I will opt-out of Medicare for a two-year period as permitted by the Balance Budget Act of 1997 (Section 1802(b) of the Social Security Act.). This law allows physicians who have opted out of Medicare to enter into a private contract with Medicare beneficiaries for that two-year opt-out period and requires that a private contract be signed by you and by me for each opt-out period.

When signed by you or your legal representative below under the heading "Agreed and Accepted," this letter will become a private contract.

Upon entering into such a private contract with you, I may provide medical care to you and bill you at my usual rates for medical care that is ordinarily covered by Medicare. *Please note that I will not be submitting any claims to Medicare for these services.* I am asking you (as required by law) to sign this private contract to cover the period January 1, 2020 to December 31, 2020.

The opt-out law has strict requirements, including my informing you that I am not excluded from the Medicare program (under Section 1128 of the Social Security Act). The law also requires that you or your legal representative sign the private contract in advance of the first service furnished under this private contract. In addition, the law provides that, at the time of signing the private contract, you must not be facing an emergency or urgent healthcare situation. In addition to the requirements given above, the law also mandates that a private contract must include the provisions listed below. Please read this entire letter carefully and ask me any questions you may have before you sign it to ensure that you understand, agree, and expressly acknowledge all of its terms.

*By signing this letter, you agree that you shall not submit a claim or ask me to submit a claim for payment under Medicare for my services, even if such items and services would otherwise be covered by Medicare.* This means that you agree not to bill Medicare or ask me to bill Medicare. This also means that you will give up Medicare coverage of, and payment for, items and services furnished by me because I have opted out of Medicare.

By signing this letter, you also acknowledge that Medigap insurance plans do not, and that other supplemental insurance plans may choose not to, make payments for items and services furnished by me while this contract is in effect because payment for my services will not be made by Medicare.

You agree to be fully responsible, through private insurance or otherwise, for payment of items or services provided by me. You acknowledge that no reimbursement will be provided by Medicare to you or to me for items and services provided by me. You acknowledge that I am not limited in the amount that I may charge you for the items and services that I provide to you. This means that any fee limit or Medicare reimbursement regulations that would otherwise be imposed by Medicare will not apply to the amount that I may bill for services and items I furnish. You acknowledge that you have the right to have items and services provided by me provided instead by other physicians or practitioners for whom payment would be made under Medicare. You understand that you will still have the right to obtain Medicare-covered items and services from physicians and healthcare practitioners who have not opted out of Medicare.

In other words, by entering into a private contract with me, you are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or healthcare practitioners. This means that Medicare-covered services and payments are still available to you from other physicians or practitioners who have not opted out of Medicare and

you may, if you so choose, use the services of those physicians or practitioners even when you enter into this private contract with me.

This private contract shall be effective from January 1, 2020 through December 31, 2020

By signing below, you also acknowledge that you have read this entire letter, and that you have had an opportunity to review the terms of this contract and to discuss them with me and anyone else of your choice. A copy of this private contract will be provided to you after it has been signed by both of us.

Sincerely yours,

Leslie Cuevas, MD

ACCEPTED AND AGREED TO:

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Medicare beneficiary  
SIGNATURE of legal representative

\_\_\_\_\_  
PRINT NAME of Medicare Beneficiary  
PRINT NAME of legal representative

**Please do not sign above if you do not wish to enter into this private contract. Please let me know if you would like me to assist you in finding a physician who has not opted out of Medicare.**