

Private Contract with Medicare Beneficiaries (Opting Out)

Dear Medicare beneficiaries:

Please be aware that this office (Lan Su, DMD, PhD, the provider) has opted out Medicare. We will not file claims for Medicare or any other organization which receives reimbursement from Medicare.

By signing this contract, you agree or acknowledge the following provisions:

- Agree not to submit a claim to Medicare;
- Agree to pay the provider for the service;
- Agree to pay “full-fee” for the service;
- Acknowledge that supplemental insurance may not make payment because Medicare will not make payment;
- Acknowledge that you (the beneficiary) can choose to go to another physician and have Medicare reimburse for the services.

I have read the above provisions. I understand these provisions and agree to this contract.

X _____
Signature of responsible party/patient

Date _____

X _____
Witnessed by

Date _____