

Baxter Family Medicine

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Direct Primary Care

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Medicare Opt-Out Private Contract

Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary. Enter the provider's name and beneficiary's name in the appropriate boxes. Signatures from the provider, a witness and the patient/beneficiary or their legal representative are required below. The supplier must submit an affidavit to Medicare expressing his/her decision to opt-out.

I, Dr. Kevin Baxter, physician/practitioner, have not been excluded from Medicare under sections 1128, 1156, or 1892 of the Social Security Act 1043278468.

I, the Medicare beneficiary, or my legal representative:

1. Accept full responsibility for payment of charges for all services provided by Dr. Kevin Baxter.
2. Understand that Medicare limits do not apply to what Dr. Kevin Baxter may charge for items or services furnished.
3. Agree to not submit a claim to Medicare or to ask Dr. Kevin Baxter to submit a claim to Medicare for services provided.
4. Understand that Medicare payment will not be made for any items or services furnished by Dr. Kevin Baxter that would otherwise have been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
5. Enter into this contract with the knowledge that I have the right to obtain Medicare covered items and services from a physician and/or practitioner who has not opted out of Medicare, and I am 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 of Medicare.
6. Will receive or have received a copy of this contract before items or services are furnished to me under terms of this contract.

The expected or known effective date and expected or known expiration date of the opt-out period is _____ (effective date) and _____ (expiration date).

This contract cannot be entered into by me, the Medicare Beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual).

I, Dr. Kevin Baxter, will:

1. Retain the original contract (original signatures of both parties required) for the duration of the opt-out period.
2. Will supply CMS with a copy of this contract upon request.
3. Understand that the current private contract remains in effect for two years. If I again opt-out of Medicare, I will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

Provider's NPI: 1780681080

Provider's Signature: _____ Date: _____

Patient's Name (print): _____ Phone #: _____

Patient's Signature: _____ Date: _____

Patient's Legal
Representative Name (print): _____ Phone #: _____

Patient's Legal
Representative Signature: _____ Date: _____

Witness Name (print): _____ Phone: _____

Witness Signature: _____ Date: _____