Lee Gynecology

Medicare Opt-Out Physician-Patient Private Contract

This agreement is between Michael J. Lee, M.D. (physician), whose principal place of business is 9555 SW Barnes Road, Suite 360, Portland, OR 97225, and _____ (patient), who resides at _____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. Physician has informed Patient that Physician has opted out of the Medicare Program and is not excluded from participating in Medicare part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide general gynecologic services to Patient. In exchange for the services, Patient agrees to make payments pursuant to the current Fee Schedule (the Fee Schedule includes most, but not all, common services). Patient also agrees, understands, and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare and that the Patient is 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.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by Physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

Please sign below to acknowledge your agreement.

Patient Name (please print)	Patient Signature	Date
Physician Signature		Date
Patient Legal Representative	Witness	Date