

Charles H. Thorne, MD, PLLC

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MEDICARE "OPT-OUT" CONTRACT

I UNDERSTAND THAT:

- *Dr. Thorne has "opted out" of the Medicare program.*
- *I accept full responsibility for payment of Dr. Thorne's fees.*
- *I understand that the Medicare limits do not apply to Dr. Thorne's fees.*
- *I agree not to submit, or have a legal representative submit, a claim to Medicare or ask Dr. Thorne to submit a claim to Medicare for services rendered by Dr. Thorne.*
- *I understand that NO Medicare payment will be made for services rendered by Dr. Thorne that would have otherwise been covered if Dr. Thorne had not "opted out" of Medicare and a proper Medicare claim had been submitted.*
- *I enter into this contract with Dr. Thorne with the knowledge that I have the right to obtain Medicare-covered items and services from other physicians and practitioners who have not opted out of Medicare. Further, 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.*
- *I understand that Dr. Thorne's opt out period begins January 1, 2005, and ends January 1, 2011, after which he may continue to opt out of Medicare or may decide to return to the Medicare program.*
- *I understand that Medigap insurance plans do not, and other supplemental insurance plans may not, make payments for items and services not paid to Dr. Thorne by Medicare.*
- *I understand that this contract does not apply to emergency care services or urgent care services for which I may receive some reimbursement from Medicare.*

Patient's Signature (or legal representative) (Date)



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* For All Adults to Acknowledge