



RHODE ISLAND DIRECT PRIMARY CARE

HEALTH MADE SIMPLE. CARE MADE PERSONAL.

Rhode Island Direct Primary Care, LLC

All Practitioners

1130 Ten Rod Road

Suite E205

North Kingstown, RI 02852

Phone 401-409-2033

Medicare Beneficiary Opt Out Contract

This agreement is between Rhode Island Direct Primary Care, LLC., whose principal place of business is 1130 Ten Rod Road, Suite E205, North Kingstown, RI, 02852, and

Beneficiary: _____

Who resides at: _____

Medicare ID #: _____

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. The practitioner has informed the Beneficiary or their legal representative that the practitioner has opted out of the Medicare program, effective January 1, 2026, for a period of at least two years, to expire on January 1, 2028. The practitioner is not excluded from participating in Medicare Part B under 1128, 1156, or 1892 of the Social Security Act.

The beneficiary or his/her legal representative agrees, understands, and expressly acknowledges the following:

_____ Beneficiary or his/her legal representative accepts full responsibility for payment of the practitioner's charge for all services furnished by the practitioner.

_____ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the practitioners may charge for items or services furnished by the practitioner.

_____ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the practitioner to submit a claim to Medicare.

_____ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.



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_____ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary 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.

_____ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

_____ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

_____ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him.

_____ Beneficiary understands that the Center for Medicare/Medicaid Services has the right to obtain a copy of this contract upon request.

Beneficiary Printed Name

Beneficiary or Designee Signature

Date

Provider Name: Printed

Provider Signature

Date

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