MILLER DERMATOLOGY
SURGICAL & LASER CENTER

MEDICARE OPT OUT AGREEMENT

Miller Dermatology and its' health care providers have been excluded from Medicare under {1156} {1892} or {1128} of the Social Security Act. The expected or known expiration date of this opt out period is undetermined at this time.

Miller Dermatology and its' health care providers will supply the Center for Medicare Services with a copy of this contract upon request.

Miller Dermatology and its' health care providers will retain the original contract with original signatures of both parties for the duration of this opt-out period.

Miller Dermatology and its' health care providers understand that the current private contract remains in effect for one year from this date**. If, at the time of this contract's annual expiration, this facility is still opted out of Medicare, a new contract will be renewed by the Medicare beneficiary or their legal representative.** Miller Dermatology and its' health care providers will submit the appropriate affidavit(s) to all local Medicare carriers.

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 or urgent care services. However, a physician/practitioner may furnish these services to a Medicare beneficiary in accordance with {3044.28} of the Medicare carriers' manual.

Initial: _____

I, the Medicare beneficiary or my legal representative, will receive or have received a copy of the contract, before items or services are furnished to me under the terms of this contract. **Initial:** _____

I, the Medicare beneficiary or my legal representative, accept full responsibility of payment for all services furnished by Miller Dermatology and its' health care providers. **Initial:** _____

I, the Medicare beneficiary or my legal representative, agree not to submit a claim, or ask Miller Dermatology and its' health care providers to submit a claim, to Medicare. **Initial:** _____

I, the Medicare beneficiary or my legal representative, understand that Medicare payment will not be made for any items or services furnished by Miller Dermatology and its' health care providers that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

Initial: _____

I, the Medicare beneficiary or my legal representative, understand that Medicare limits do not apply to what Miller Dermatology and its' health care providers may charge for items or services furnished

Initial: _____

I, the Medicare beneficiary or my legal representative, 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 have not opted out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians and/or practitioners who have not opted out. **Initial:** _____

I, the Medicare beneficiary or my legal representative, understand that Medigap and other supplemental plans, may elect not to make payments for items and services not paid for Medicare. **Initial:** _____

_____ _____

Patient Printed Name Patient Signature

_____

Date