

When a physician/practitioner opts-out of Medicare, no Medicare payment can be made to that physician or practitioner. Additionally, no Medicare payment may be made to a beneficiary for items or services provided directly by a physician or practitioner who has opted out of the program.

***Required Fields**

*Provider Name: _____ *Cred: _____

*Physical Location Address: _____

*City: _____ *State: _____ *Zip: _____

*Physical Practice Telephone: _____

*Social Security Number: _____ *Date of Birth: _____

Specialty: _____ *NPI Number: _____

License Number: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Contact Email: _____

Except for emergency or urgent care services (as specified in Chapter 15 section 40 of the Medicare Benefit Policy Manual), during the opt out period I will provide services to Medicare beneficiaries only through private contracts that meet the criteria of §3044.8 for services that, but for their provision under a private contract, would have been Medicare-covered services. **The opt out period is 2 years and the contractor will notify me of the effective date of this opt out period.**

I will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will I permit any entity acting on my behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in Chapter 15 section 40 of the Medicare Benefit Policy Manual.

During the opt-out period, I understand that I may receive no direct or indirect Medicare payment for services that I furnish to Medicare beneficiaries with whom I have privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare Advantage Plan.

I acknowledge that during the opt-out period, my services are not covered under Medicare and that no Medicare payment may be made to any entity for my services, directly or on a capitated basis.

I acknowledge and agree to be bound by the terms of both the affidavit and the private contracts that I have entered into during the opt-out period.

I acknowledge and understand that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by myself during the 2 year opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom I have not previously privately contracted) without regard to any payment arrangements I may make.

I acknowledge that if I have signed a Part B participation agreement, that such agreement terminates on the effective date of this affidavit. My affidavit should be submitted to the contractor within 30 days of the end of the quarter.

I acknowledge and understand that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of Chapter 15 Section 40 of the Medicare Benefit Policy Manual apply if I furnish such services.

I have identified myself sufficiently so that the contractor can ensure that no payment is made to me during the 2 year opt-out period. If I have already enrolled in Medicare, I have included my NPI, if one has been assigned.

I will file this affidavit with all contractors who have jurisdiction over claims that I would otherwise file with Medicare and be filed no later than 10 days after the first private contract to which the affidavit applies is entered into.

*Provider Signature _____ *Date _____

NOTE: This form must be printed and mailed with an original signature from the provider. A signature from the contact on the application will not be accepted. Please mail request to your Medicare Administrative Contractor (MAC). Your MAC will have the proper mailing address on its website. To locate your MAC, go to www.cms.gov/MedicareProviderSupEnroll. Providers who render services in multiple states, must have affidavits filed with all MACs who have jurisdiction over claims the physician/practitioner would otherwise file with Medicare.