

## AFFIDAVIT TO OPT OUT OF MEDICARE

Participating physicians and practitioners must file an affidavit with the Medicare carrier no later than 10 days after the first private contract is entered. The affidavit must be received by the carrier at least 30 days before the first day of the next quarter showing an effective date of the first day in that quarter (i.e. 1/1, 4/1, 7/1 and 10/1). This will be the termination date of the Medicare participation agreement. Services should not be provided under private pay contracts with beneficiaries earlier than the effective date of the affidavit. Non-participating physicians and practitioners may opt out at any time. Any physician or practitioner should read the CMS guidelines in [Chapter 15 Section 40](#) of the *Medicare Benefit Policy Manual*, prior to filing their Opt out Affidavit.

Providers Full Legal Name \_\_\_\_\_

Providers Business Address \_\_\_\_\_  
\_\_\_\_\_

Providers Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medicare PTAN(s) \_\_\_\_\_ NPI \_\_\_\_\_

Do you wish to be an Ordering/Referring provider? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_ Specialty \_\_\_\_\_

Telephone \_\_\_\_\_ Tax ID \_\_\_\_\_ License # \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Contact Email \_\_\_\_\_ Fax Number \_\_\_\_\_

**By signing this affidavit you acknowledge you understand and agree with the following terms and conditions:**

- I understand the Opt out period is for (2) two years beginning on the later of the date of the affidavit is signed or its effective date.
- Except for emergency or urgent care services (as specified in §40.28), during the opt-out period I will provide services to Medicare beneficiaries only through private contracts that meet the criteria of §40.8 for services that, but for their provision under a private contract, would have been Medicare-covered services;

- 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 my behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in §40.28;
- 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;
- During the opt-out period, I agree to be bound by the terms of both the affidavit and the private contracts that I have entered into;
- I recognize that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by me during the 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 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 §40.28 apply if I furnishes such services;
- I will file this affidavit with all contactors 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.

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Providers Signature

Signature Date

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Effective Date of Affidavit