

AFFIDAVIT TO OPT OUT OF MEDICARE

Participating physicians and practitioners must file an affidavit with the Medicare carrier servicing their area no later than 10 days after the first private contract is entered into. 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, 10/1). The Medicare participation agreement will terminate at that time. Services should not be provided under private contracts with beneficiaries earlier than the effective date of the affidavit. Non-participating physicians and practitioners may opt out at any time.

I _____ (Physician/Practitioner) will not submit any claim to Medicare for any item or service provided to any beneficiary during the 2 year period beginning on the later of the date the affidavit is signed or its effective date. I will not receive any Medicare payment for any services provided to Medicare beneficiaries either directly or on a capitated basis.

I understand and accept the following:

- Except for emergency or urgent care services (as specified in §3044.28), 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.
- 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 his/her behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in §3044.28.
- During the opt out period I may receive no direct or indirect Medicare payment for services 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+Choice plan)
- As an opt out physician/practitioner who opts out of Medicare 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 to the effect that, 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 I furnish to Medicare beneficiaries during the opt out period without regard to any payment arrangements the physician/practitioner may make. (except for emergency or urgent care services furnished to the beneficiaries with whom I have not previously privately contracted)
- If I signed a Part B participation agreement, I acknowledge that such agreement terminates on the effective date of the affidavit.
- 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 §3044.28 apply if I furnish such services.

Physician/Practitioner's Information:

Printed Name

Signature/Date

Street address

City/state/zip code

Telephone number

**Unique Provider Identification Number
(UPIN)**

**Provider Identification Number (PIN)
(if one has been assigned)**

Tax Identification Number (TIN)

Witness Information:

Printed Name

Signature/Date
