MARINA PLASTIC SURGERY
COMPREHENSIVE SKIN CARE
THE INSTITUTE

4644 LINCOLN BLVD, SUITE 552
MARINA DEL REY, CA 90292
P. 310.827.2653 - FAX 310.823.1984

Physician-Patient Medicare Opt-Out Contract

"Physician" shall be understood to mean William Grant Stevens, M.D., Michelle A. Spring, M.D., Luis H. Macias, M.D., Cory Felber, Carla Crespo, Grant Stevens, M.D., Inc., Marina Plastic Surgery, Marina Outpatient Surgery Center and/or Comprehensive Skin Care. This agreement is between "Physician and/or Provider", whose principal place of business is: 4644 Lincoln Blvd, Suite 552, Marina del Rey, CA 90292 and the

Patient Name:_____, who resides at:

_____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. Physician has informed Patient that Physician has opted out of the Medicare Program, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide general medical services to Patient. In exchange for the services, Patient agrees to make payments to Physician pursuant to the current Fee Schedule. (The Fee Schedule includes most, but not all, common services.) **Patient also agrees, understands, and expressly acknowledges the following:**

Please sign below to acknowledge your agreement:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent heath care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient 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.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by Physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

_____ _____

PATIENT NAME (PRINT) **DATE**

_____

PATIENT OR DESIGNATED REPRESENTATIVE SIGNATURE

_____ _____

PHYSICIAN SIGNATURE **DATE**