

**Green Oaks Medical Center, PC  
Dr. Christine Green**

3200 Middlefield Rd., Suite B  
Palo Alto, CA 94306  
650-433-8925/Fax: 650-523-4682

**Medicare Opt-Out Policy**

This agreement is between Dr. Green ("Physician"), whose principal place of business is Green Oaks Medical Center, PC (address above) and patient \_\_\_\_\_ 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. The Physician has informed patient that physician had opted out the Medicare program effective in 1996 and most recently in 2017 for a period of at least two years, 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 the following medical services to Patient as described in your new patient packet.

In exchange for the Services, the Patient agrees to make payment to Physician pursuant in the Attached Fee Schedule, Patient also agrees, understands and expressly acknowledges the following:

- 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 health 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 a physician and practitioner 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 the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim were submitted. \_\_\_\_\_
- Patient acknowledges that a copy of this contract has been made available to them. \_\_\_\_\_
- Patient agrees to reimburse Physician for any cost and reasonable attorney's fees that results from violation of this agreement by patient or their beneficiaries. \_\_\_\_\_

Christine Green, MD: \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_