## CHARLES L. McBRAYER, D.D.S

PRACTICE LIMITED TO PERIODONTICS/IMPLANTS HAMILL PROFESSIONAL CENTRE ~ SUITE 1 5022 OLD GODSEY LANE ~ HIXSON, TN. 37343 (423) 870-9567 ~ FAX (423) 870-5331

## Medicare Opt-Out Private Contract

This contract between Dr. Charles McBrayer, D.D.S. and_	(Medicare
beneficiary/patient) allows Dr. McBrayer to provide treated Medicare limits. To do so, the law requires Dr. McBrayer claim be filed for the treatment of Patient by Dr. McBrayer	ment to Patient without being subject to to "opt out" of Medicare and that no Medicare
Dr. McBrayer is excluded from participation under the Me 1892 of the Social Security Act; in addition, Patient and Dr facing an emergency or urgent health care situation.	edicare program under section 1128, 1156, or r. McBrayer agree that Patient is not now
By signing this contract, Patient does the following:	
<ol> <li>agrees not to submit a Medicare claim (or to requeservices or items supplied by Dr. McBrayer, even (2) agrees to be responsible, whether through insural items supplied by Dr. McBrayer, and understands Medicare for those services or items;</li> <li>acknowledges that Medicare limits do not apply the such services or items;</li> <li>acknowledges that Medigap plans do not, and other not to, make payments for items and services commade under Medicare; and</li> <li>acknowledges that Patient has the right to have some practitioners for whom payment would be made.</li> </ol>	if they are otherwise covered under Medicare; ince or otherwise, for payment of services or that no reimbursement will be provided under to amounts that Dr. McBrayer may charge for her supplemental insurance plans may elect vered by this contract, because payment is not such services or items provided by other dentisation.
This contract shall remain in force and effect from the day	te it is signed by Patient.
	g. Ut
Accepted and Agreed :	( Patient signature/Legal Representative)
Data:	