



Slower Medicine

Direct Primary Care — it's about TIME.

Private Contract - Provider Opt-Out of Medicare

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Beneficiary Name:

Legal Representative (if applicable):

Beneficiary Medicare Number:

This private contract agreement is between the physician and beneficiary noted above. The beneficiary is a Medicare Part B beneficiary and is seeking services covered under Medicare Part B. The physician above has informed the beneficiary or his/her legal representative they have opted-out of the Medicare Program.

The current Medicare opt-out period is from 07/29/2020 to 7/29/2022. The beneficiary or his/her legal representative has read and agrees to the following terms of the private contract by placing their initials by the items below:

_____ I, or my legal representative, accept full responsibility for payment of the physician's or practitioner's charge for all services furnished by this physician/practitioner; I, or my legal representative, understand that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner;

_____ I, or my legal representative, agree not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare;

_____ I, or my legal representative, have been informed of the expected or known expiration date of the opt-out period, which is 07/29/2020 to 07/29/2022; I, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted;

I, or my legal representative, enter into the contract with the knowledge that the beneficiary has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the beneficiary 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;

I, or my legal representative, understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare;

I, or my legal representative, agree this contract was not entered into during a time when the beneficiary required emergency care services or urgent care services.

Beneficiary or Legal Representative's Signature

Date

Physician's Signature

Date
