



NOVITAS
SOLUTIONS



MEDICARE

Thomas Sloan, MD
1120 Medical Plaza Drive
Suite 100
The Woodlands, TX 77380

February 9, 2017

Dear Thomas Sloan, MD:

This letter serves as confirmation that we have received your request to "opt out" or private contract, with your Medicare patients.

In accordance with your correspondence, we have approved your request to "opt out" of the Medicare program. Your opt out status is effective January 01, 2017. Your opt out status is effective for two years and will automatically extend at the end of the two year period. If you do not wish to extend your opt out status at the end of the two year period, please notify us in writing at least 30 days prior to the start of the next two year opt out period. You may notify us at the address listed below:

Novitas Solutions
Provider Enrollment Services
ATTN: Opt Out
P.O. Box 3095
Mechanicsburg, PA 17055-1813

For information relative to the private contracting regulations, please visit the Enrollment center on our website at www.novitas-solutions.com. You may also reference Medicare Benefit Policy Manual, Chapter 15, Section 40.

If you have any questions, please contact our office at 1-855-252-8782 between the hours of 8:00 AM and 4:00 PM (CT and MT) Monday – Friday for providers/suppliers in Jurisdiction H (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas)

Sincerely,

Dian Kostukovich
Lead Specialist
Novitas Solutions, Inc.

PRIVATE CONTRACT (OPT-OUT OF MEDICARE)

This agreement is between Dr. TOM SLOAN ("Physician"), whose principal place of business is 1120 MEDICAL PLAZA DRIVE, SUITE 100, THE WOODLANDS, TEXAS 77380, and the patient listed below ("Patient"), who resides at (address below) a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997 or Medicare eligible. The Physician has informed Patient that Physician has opted out of the Medicare program (FIRST effective on 12-11-1997). THIS CONTRACT BEING EFFECTIVE 1-1-2015 for a period of at least two years AND WILL AUTOMATICALLY RENEW, 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 medical services appropriate to the office to Patient (the "Services"):

In exchange for the Services, the Patient agrees to make payments to Physician for office services. 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 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 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 were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him/her and is available online at www.tomsloanmd.com.

Date signed: _____ Signature: _____

Patient Address: _____

Patient's Name (printed): _____

Physician signature: Tom Sloan

***Physician no longer has to renew opt-out every 2-years. (Texas Medicine July 2015 pg. 31)