

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 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](http://www.tomsloanmd.com).

Date signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient's Name (printed): \_\_\_\_\_

Physician signature:  \_\_\_\_\_

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

December 10, 2014

Dear Tom 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, 2015. Provisions related to private contracting with Medicare beneficiaries are effective for a period of two (2) years. Based on your request, your "opt out" period will expire January 01, 2017. You may renew the opting out period at that time by submitting a new affidavit to Novitas Solutions 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 our website at [www.novitas-solutions.com](http://www.novitas-solutions.com), Chapter 4 of the Medicare A/B Reference Manual. 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) or 1-877-235-8073 between the hours of 8:00 AM and 4:00 PM (EST) Monday – Friday for providers/suppliers in Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia).

Sincerely,

Katie Murphy  
Lead Specialist  
Novitas Solutions, Inc. M500

2020 Technology Parkway Suite 100 Mechanicsburg, PA 17050

[www.novitas-solutions.com](http://www.novitas-solutions.com)

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**Opt-out**

Physicians privately contract in writing with Medicare patients. Physicians cannot bill Medicare, and Medicare does not pay the physician or reimburse the patient for services provided, with few exceptions, such as emergency or urgent care situations. Physicians must complete a written affidavit formally opting out of Medicare. With the new Sustainable Growth Rate (SGR) repeal legislation, opt-out status continues indefinitely. Physicians no longer have to renew every two years.