



**MBODY**  
HEALTHCARE

## Acknowledgment of Medicare Opt-Out

This agreement is between:

Melissa Major, NP ("Provider")  
Mbody Healthcare, 10414 Jackson Oaks Way, Ste 102, Knoxville, TN 37922

and

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

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

who is a Medicare Part B beneficiary seeking Services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. Provider has informed Patient that Provider has opted out of the Medicare program effective October 1, 2021 for a period of at least two years and is not excluded from participating in Medicare Part B under Sections 1128, 1156, 1892 or any other section of the Social Security Act.

Provider agrees to provide primary care medical services ("Services") as outlined in Patient Agreement.

In exchange for Services, Patient agrees to make payments to Provider pursuant to Provider's fees.

Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Provider submit a claim) to the Medicare program with respect to 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 Services.
- Patient acknowledges that MediGap plans will not provide payment or reimbursement for 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 providers 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 providers who have not opted out.
- Patient agrees to be responsible to make payment in full for Services and acknowledges that Provider will not submit a Medicare claim for 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 Provider that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim was submitted.
- Patient acknowledges that a copy of this contract has been made available to him/her.
- Patient agrees to reimburse Provider any costs and reasonable attorney fees that result from violation of this Agreement by Patient or his/her beneficiaries.

## Medicare opt-out acknowledgment

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Signature: \_\_\_\_\_

Provider name: Melissa Major, NP

Signature:



MELISSA MAJOR, NP-C