

MEDICARE “OPT-OUT” PATIENT CONTRACT

Jill C Carnahan, MD

FLATIRON FUNCTIONAL MEDICINE

400 McCaslin Blvd, Suite 210, Louisville, CO 80027

Ph 303-993-7910 - Fax 303-993-4674

Patient Name:

Patient SS#:

RE: Jill C Carnahan, MD NPI# 1649284811

Jill C Carnahan, MD has opted-out of Medicare. This contract entered into by the physician/practitioner and the Medicare beneficiary declares that the above named patient understands that by signing this contract:

- 1. She/He gives up all Medicare coverage of, and payment for, services furnished by the “opt-out” physician or practitioner.**
- 2. She/He AGREES NOT TO BILL MEDICARE or ask the physician or practitioner to bill Medicare.**
- 3. She/He is liable for all charges of the physician or practitioner, without any limits that would otherwise be imposed by Medicare.**
- 4. She/He acknowledges that MEDIGAP WILL NOT PAY towards the services AND THAT OTHER SUPPLEMENTAL INSURES MAY NOT PAY EITHER.**
- 5. She/He acknowledges that she/he has the right to receive services from physicians and practitioners for whom Medicare coverage and payment would be available.**

This contract is in effect from this date forward unless the physician opts back into Medicare coverage.

I have carefully read and fully understand this contract.

signed date