

IntraSpectrum Counseling

180 N Michigan Avenue Suite 1830 Chicago IL 60601-7401 866-883-4392

7. Medicare Opt-Out Notification

This agreement is between IntraSpectrum Counseling and Beneficiary. The Practitioner has informed Beneficiary or legal representative that Practitioner has opted out of the Medicare program effective on 1/01/2015 for a period of at least two years, to expire on 01/01/2017. The Practitioner is excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act. You may request a copy of this Notice at any time.

Beneficiary or legal representative agrees, understands and expressly acknowledges the following:

- The beneficiary of services or legal representative accepts full responsibility for payment of the practitioner's charge for all services furnished by the practitioner.
- Beneficiary or legal representative understands that Medicare limits do not apply to what the practitioner may charge for items or services furnished by the practitioner.
- Beneficiary or legal representative understands that Medicare payment will not be made for any items or services furnished by the practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- Beneficiary or legal representative enters into this contract with the knowledge that they have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and 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.
- Beneficiary or legal representative understands 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.
- Beneficiary or legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

Beneficiary or legal representative acknowledges that a copy of this contract has been made available to him.
☐ I am a Medicare and/or Medicaid beneficiary
☐ I am NOT a Medicare and/or Medicaid beneficiary

If you do have Medicare and are waiving submitting coverage for services provided at IntraSpectrum Counseling, please enter your Medicare ID below::