

Barry F. Gritz, M.D.

Christine Wysong, APRN, PMHNP, BC Alexis Williams, APRN, PMHNP, BC Simonpeter Emokpaire, APRN, PMHNP, BC

Board Certified

Diplomat of the American Board
Of Psychiatry and Neurology

2211 Norfolk St., Ste. 410
Houston, TX 77098
713-869-7400 OFFICE
713-869-7404 FAX

Tax ID # 271577881
NPI# 1487635892 BG
NPI# 1821157363 CW
NPI# 1831561901 AW
NPI#1578106217 SE

Patient Name: _____

Provider: _____

MEDICARE / MEDICAID PROGRAM OPT-OUT CONTRACT

1. I understand that my provider has opted out of the Medicare/ Medicaid program.
2. I further understand that I am entering into a private contract with my provider.
3. According to Medicare/ Medicaid regulations, a claim cannot be filed for my visits, either by my provider or by me. Medicare/ Medicaid will impose fines for violation.
4. I also understand that all prescriptions written by an opt-out provider will not be covered under Medicaid and will have to be self-pay.

By signing below, I understand that payment in full is due at time of service in the amounts of:

90792:	\$ 395.00	(New Evaluation)
99213:	\$ 120.00	(Medication Management) 15 min.
99215:	\$ 230.00	(Extended Medication Management) 30 min.

Signature

Date

(If you have secondary insurance to Medicare, please ask the receptionist for a receipt. You may then file that receipt to Medicare requesting a denial, so that your secondary insurance may be billed directly from Medicare.)

Please note that Medicaid will not pay for medications written by this office, due to our opt-out status.
Medicaid will only cover medications written by an in network provider.