

## **Private-Pay (Medicare Opt-Out) Medical Services Contract**

Section 4507 of the 1997 Balanced Budget Act allows a practitioner to enter a private contract with a Medicare beneficiary.

Are you a Medicare beneficiary? ☐ YES ☐ NO

If so, which plan(s) are you under:

☐ Original Medicare ☐ Original Medicare + MediGap ☐ Medicare Advantage

My practice is private-pay only, meaning I do not accept any form of insurance. As of January 1, 2024, I have formally opted-out from Medicare, and therefore, am required to have you sign a private-pay medical services contract before treatment. My Opted-Out status will automatically renew every two years, with the next expected renewal in January of 2026, unless I decide to change my Medicare status in the future, of which you will be notified. You will be responsible for paying your agreed upon fee for services out-of-pocket for therapy and any other services according to the terms from your informed consent for treatment. Medicare limits do not apply to your fee for services with me. Medicare will not pay any of your fee for my services, only for services from a provider who is connected to Medicare. You may not submit a claim to Medicare, nor will I, for any services that you receive from me.

Even if you get therapy services from me, you can always get other types of services from providers connected to Medicare. These other providers would not be required to have you complete a private-pay medical services contract. You may refer to your Medicare benefits at (800) 633-4277 or visit [www.cms.gov](http://www.cms.gov) if you choose to use your benefits with a different provider. MediGap plans do not, and other supplemental plans may elect not to, make payments for services not paid for by Medicare. MediGap will not help pay for any therapy services you get from me. Please note Medicare benefits can still be used for any emergency or urgent care services. It is against Medicare rules for me to have you sign a private-pay medical services contract for emergency or urgent medical services.

**By signing this contract, you understand the above information and wish to continue treatment with me, consenting to paying out-of-pocket for any and all therapy services with me, and that you will not be using your Medicare benefits for those services.** A copy of this contract will be supplied to CMS in the event that they request it. Please retain a copy of this contract for your records.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Name (printed) \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Julie Trosin, LMFT78612  
P.O. Box 2133, Rancho Cordova, CA 95741  
[www.julietrosinmft.com](http://www.julietrosinmft.com)  
(408) 718-7405