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## MEDICARE OPT-OUT AFFIDAVIT

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I promise that, except for emergency or urgent care services (as specified in the Medicare Benefit Policy Manual - 100-02, Ch. 15, §40.28), during the opt-out period I will provide services to Medicare beneficiaries only through private contracts that meet the criteria of §40.8 (Medicare Benefit Policy Manual - 100-02, Ch. 15) for services that, but for their provision under a private contract, would have been Medicare-covered services.
2. I promise that I will not submit any claim to Medicare for any item or service provided to any Medicare beneficiary during the 2-year period beginning on the following effective date: \_\_\_\_\_, nor will I permit any entity acting on my behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in §40.28.
3. I understand that, during the opt-out period, I may receive no direct or indirect Medicare payment for services which I furnish to Medicare beneficiaries with whom I have privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare + Choice plan.
4. I acknowledge that, during the opt-out period, my services are not covered under or on a capitated basis.
5. I promise that, during the opt-out period, I will be bound by the terms of both this affidavit and the private contracts that I enter into with Medicare beneficiaries.
6. I acknowledge that the terms of this affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by me during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom I have not previously privately contracted) without regard to any payment arrangements I may make.
7. I understand that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of §40.28 apply if I furnish such services.
8. I understand, if I have signed a Part B participation agreement, that such agreement terminates on the effective date of the affidavit.
9. I understand that I must file this affidavit with all carriers who has jurisdiction over claims that I would otherwise file with Medicare and be filed no later than 10 days after the first private contract to which the affidavit applies is entered into.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Office Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Uniform Provider Identification Number (UPIN)

\_\_\_\_\_  
PTAN

8/29/08

**NHIC, Corp.**

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P.O. Box 3333  
Hingham, MA 02044  
A CMS CONTRACTOR