

Medicare-Opt Out Contract
(Pursuant to #405, 415 of Medicare Regulations)

I, _____ understand that

- Dr. Jennifer Gentry, NMD is a naturopathic physician.
- DR JENNIFER GENTRY IS NOT A MEDICARE PROVIDER.
- MEDICARE WILL NOT PAY for items and services provided by this office.

By signing this agreement I agree to the following:

- I agree not to submit a claim (or request that the physician submit a claim) to Medicare for items and services even if Medicare covers such items and services.
- I agree that I (or my legal representative) accept full responsibility for payment of services rendered to me at this office and agree that NO MEDICARE REIMBURSEMENT WILL BE PROVIDED for such services.
- I acknowledge under this contract that no Medicare limiting fees apply to amounts that may be charged for items and services.
- I acknowledge that MEDICARE GAP PLANDS DO NOT MAKE PAYMENTS and other supplemental insurance plans may not elect to make payments for items and services since Medicare does not make payment.
- I acknowledge that I have a right to items and services provided by other physicians or practitioners for whom payment would be made by Medicare,
- I acknowledge that MEDICARE DOES NOT PAY FOR LABS ORDERS written by the physicians in this office. Labs drawn in this office would be paid for out of pocket. I can have labs ordered by physicians who are Medicare providers and have these results forwarded to this office.
- If Dr. Jennifer Gentry orders a lab at my insistence-MEDICARE WILL NOT PAY FOR LABS AND I WILL BE HELD RESPONSIBLE FOR PAYMENT.
- I (or my legal representative) understand that Jennifer Gentry, NMD is thus excluded from Medicare under #1128, 1156, 1892 or any other section of the social security act.

I enter this agreement on my own free will; I understand that I WILL NOT BE SEEKING MEDICARE REIMBURSEMENT for items and services rendered.

Jennifer Gentry, NMD

Patient Name

Physician Name

Patient Signature

Date