

Amir Friedman, M.D.
16055 Ventura Boulevard Suite 120
Encino, California 91436
(310) 882-1118

Opt Out Private Contract Medicare/HMO/Private Insurance

Except for emergency or urgent care services the above listed physicians will provide service to Medicare/HMO/Private Insurance beneficiaries during the opt out period only through private contracts that meet the criteria for services that would have been Medicare/HMO/Private Insurance covered services.

During the opt out period Dr. Amir Friedman understands that he may receive no direct or indirect payment from Medicare/HMO/Private Insurance for services that he furnishes to Medicare/HMO/Private Insurance beneficiaries with whom he is 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/HMO/Private Insurance beneficiary under their insurance plan.

Dr. Amir Friedman acknowledges that, during the opt out period, his services are not covered under Medicare and that no Medicare payment may be made to any entity for his services, directly or on a capitated basis.

During the opt out period Dr. Friedman agrees to be bound by the terms of both the affidavit and the private contracts he has entered into.

The above beneficiary or legal representative understands that Medicare/HMO/Private Insurance payment will not be made for items or services furnished by Dr. Amir Friedman that may have otherwise been covered by Medicare/HMO/Private Insurance if there was no private contract and an insurance claim had been submitted. Medicare/HMO/Private Insurance limits do not apply to what Dr. Friedman may charge. The above beneficiary also agrees not to submit a claim to Medicare/HMO/Private Insurance or to ask Dr. Friedman to submit a claim to their insurance on their behalf.

The above beneficiary or legal representative enters into the contract with the right to obtain Medicare/HMO/Private Insurance covered items and services from physicians and practitioners who have not opted out of Medicare/HMO/Private Insurance plans. The above beneficiary is not compelled to enter into private contracts with other physicians or practitioners who have not opted out.

The above 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.

A copy of this agreement will be provided to the beneficiary or his/her legal representative before items or services are furnished to the beneficiary under the terms of this contract.

Patient Signature: _____ Patient Name Printed: _____

Patient's Date of Birth: _____ Date Signed: _____

M.D.'s Signature: _____ M.D.'s UPIN # H19157