

### Insurance Policy/Disclosure

Melissa A. Meyer, MD has opted-out of Medicare. This contract entered into by the physician/practitioner and the Medicare beneficiary declares that the below named patient understands that by signing this contract:

1. He/she gives up all Medicare coverage of, and payment for, services furnished by the “opt-out” physician or practitioner.
2. He/she AGREES NOT TO BILL MEDICARE or ask the physician or practitioner to bill Medicare.
3. He/she is liable for all charges of the physician or practitioner, without any limits that would otherwise be imposed by Medicare.
4. He/she acknowledges that MEDIGAP WILL NOT PAY towards the services AND THAT OTHER SUPPLEMENTAL INSURERS MAY NOT PAY EITHER.
5. He/she acknowledges that he/she has the right to receive services from physicians and practitioners for whom Medicare coverage and payment would be available.

This contract is in effect from this date forward unless the physician opts back into Medicare coverage.

I have carefully read and fully understand this contract.

\_\_\_\_\_ Printed name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

