

MATTHEW A. GILMARTIN, M.D.
2299 POST STREET, SUITE 308
SAN FRANCISCO, CA 94115
TEL/TEXT (415) 255-5729 • FAX (415) 947-7797

PRIVATE CONTRACT WITH MEDICARE BENEFICIARY

Section 4507 of the 1997 Balanced Budget Act allows physicians to enter a private contract with a Medicare beneficiary. The following Medicare Opt-out Contract is based on that provided by Noridian Healthcare Solutions, the Northern California contractor for Medicare.

Dr. Gilmartin (NPI 1700084860) has not been excluded from Medicare under sections 1128, 1156 or 1892 of the Social Security Act,

I (the Medicare beneficiary) accept full responsibility for payment of charges for all services furnished by Dr. Gilmartin. I understand that Medicare limits do not apply to what Dr. Gilmartin may charge for items or services furnished.

I (the Medicare beneficiary) agree not to submit a claim to Medicare or to ask Dr. Gilmartin to submit a claim to Medicare. I (the Medicare beneficiary) understand that Medicare payment will not be made for any items or services furnished by Dr. Gilmartin that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

I (the Medicare beneficiary) enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

The expected or known effective date and expected or known expiration date of the opt-out period is _____(effective date) and _____(expiration date).

I (the Medicare beneficiary) understand 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.

This contract cannot be entered into by me, (the Medicare beneficiary) during a time when I, (the Medicare beneficiary), require emergency care services or urgent care services.

I (the Medicare beneficiary) have received a copy (a photocopy is permissible) of this contract, before items or services are furnished to me under the terms of this contract.

Dr. Gilmartin will retain the original contract for the duration of the opt-out period.

Patient Name (print) _____

Patient Signature _____ Date: _____

Physician Signature _____ Date: _____

Matthew Gilmartin, MD, NPI:1700084860