

**Lisa J. Roberts, CNM**

**Femme Care Inc**

18 Haggerty Lane, Suite 103

Staunton, VA 24401

Phone: 540-414-8585

Fax: 540-414-8597

**Opt-Out Medicare Private Contract**

This agreement is between the provider, Lisa J. Roberts, CNM, whose principal place of business is at 18 Haggerty Lane, Suite 103, Staunton, VA 24401 and

Beneficiary (Your Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicare ID #: \_\_\_\_\_

Who resides at: \_\_\_\_\_

\_\_\_\_\_

and is a Medicare Part B beneficiary seeking services covered under Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The above beneficiary has been informed by Lisa J. Roberts, CNM. and/or the employees of Femme Care Inc. that Lisa J. Roberts and Femme Care inc have opted out of the Medicare program effective on May 8, 2017. The Opt-out agreement with Medicare is effective for a period of at least two years and will automatically renew on May 8, 2019 and every 2 years thereafter. The provider is not excluded from participating in Medicare Part B under sections 1128, 1156, or 1892 or any other section of the Social Security Act.

In exchange for services rendered, as deemed medically necessary by Lisa J. Roberts, CNM, the Beneficiary or his/her legal representatives agree, understands, and expressively acknowledges the following:

***Initials***

\_\_\_\_\_ Beneficiary or his/her legal representative accepts full responsibility for payment of the providers charge for all services rendered.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that payments are expected to be paid in full on the day services are furnished. Beneficiary or his/her legal representative understands furthermore that Lisa J. Roberts, CNM and Femme Care Inc. will not accept payment plans or partial payments for services.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare fee limits, allowable amounts, and reimbursement regulations do not apply to what the provider may charge for items or services rendered.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that the provider will not submit a claim to Medicare for services provided.

\_\_\_\_\_ Beneficiary or his/her legal representative agrees not to submit a claim for reimbursement to Medicare for services rendered by Lisa J. Roberts, CNM or Femme Care Inc.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any item or services furnished by the provider that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that the beneficiary has the right to obtain Medicare-covered items and services from medical providers who have not opted-out of the Medicare Part B Program.

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medi-Gap plans will not, and other supplemental plans may elect not to make payment for the items and services rendered since they will not be paid for by Medicare.

\_\_\_\_\_ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

\_\_\_\_\_ Beneficiary or his/her legal representative acknowledge that a copy of this private contract have been made available for their records.

\_\_\_\_\_ Beneficiary or his/her legal representative agrees to reimburse Lisa J. Roberts CNM and/or Femme Care Inc. for any fees, court costs, and attorney fees that result from violation of this agreement by Beneficiary or his/her legal representative.

\*\*Patients with Medicare as a secondary insurance also agree to the following:

\_\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare cannot be billed for payment of services and items not covered by the patients' primary insurance. The beneficiary or his/her legal representative understand furthermore that he/she is solely responsible for any unpaid services or items by the Primary insurance that Medicare may otherwise pay.

This private contract is executed on \_\_\_\_\_ by \_\_\_\_\_ and  
Lisa J. Roberts, CNM. mm/dd/yy Please print name (Beneficiary or his/her legal representative)

\_\_\_\_\_  
Beneficiary or his/her legal representative signature

\_\_\_\_\_  
Lisa J. Roberts, CNM signature