

Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary. Signatures from the provider, a witness, and the patient/beneficiary or their legal representative are required below. The provider has submitted an affidavit to Medicare expressing her decision to Opt-out. Please be sure you have read and understood the terms of this contract before signing.

I, (the Medicare beneficiary) or my legal representative:

1. Accept full responsibility for payment of charges for all services furnished by **Joanna Carter/InSight Vision Therapy**.
2. Understand that Medicare limits do not apply to what **Joanna Carter/InSight Vision Therapy** may charge for items or services furnished.
3. Agree not to submit a claim to Medicare or to ask **Joanna Carter/InSight Vision Therapy** to submit a claim to Medicare.
4. Understand that Medicare payment will not be made for any items or services furnished by **Joanna Carter/InSight Vision Therapy** that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
5. 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.
6. 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.
7. Will receive or 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.

I, Joanna Carter (provider), NPI: 1477618833

1. Have not been excluded from Medicare under sections 1128, 1156, or 1892 of the Social Security Act.
2. Will retain the original contract, or equivalent high-quality digital version of the same, (signatures of both parties required) for the duration of the Opt-out period.
3. Will supply CMS with a copy of this contract upon request.
4. Understand that the current private contract remains in effect for two years. If I again Opt-out of Medicare, I will expediently complete a new contract for each Medicare beneficiary and will expediently submit the appropriate affidavit(s) to all local Medicare carriers.

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

Provider's NPI: 1477618833

Provider's Signature: _____ Date: _____

Patient's Signature: _____ Date: _____

Patient's Legal Representative Signature: _____ Date: _____

Witness Signature: _____ Date: _____

This contract cannot be entered into by me, (the Medicare beneficiary), or by my legal representative during a time when I, (the Medicare beneficiary), require emergency care services or urgent care services. (However, a physician/practitioner may furnish emergency care services or urgent care services to a Medicare beneficiary in accordance with 3044.28 of the Medicare Carriers Manual)