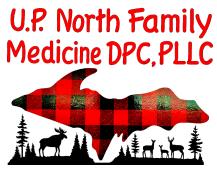
MEDICARE OPT-OUT AGREEMENT



This agreement is between Kelly Freberg-Ash, MD whose practice mailing address is P.O. Box 5, Manistique MI 49854 and

Beneficiary:	
Who resides at:	
-	
Medicare ID #:	
4507 of the Balanced representative that Pheriod of at least two participating in Medic	rt B beneficiary seeking services covered under Medicare Part B pursuant to Section Budget Act of 1997. The Physician has informed Beneficiary or his/her legal hysician has opted out of the Medicare program effective on January 1, 2025 for a years, to expire on December 31, 2026. The physician is not excluded from tare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act. legal representative agrees, understands, and expressly acknowledges the following:
<u>Initial</u>	
	nis/her legal representative accepts full responsibility for payment of the physician's furnished by the physician.
	nis/her legal representative understands that Medicare limits do not apply to what arge for items or services furnished by the physician.
	nis/her legal representative agrees not to submit a claim to Medicare or to ask nit a claim to Medicare.
Beneficiary or h	nis/her legal representative understands that Medicare payment will not be made for
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any items or services furnished by the physician that would have otherwise been covered by Medicare if

there was no private contract and a proper Medicare claim had been submitted.

_____Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not

has the right to obtain Medicare-covered items and services from physicians and practitioners who have opted out of Medicare, and the beneficiary is 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.
Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not 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 acknowledges that a copy of this contract has been made available to him/her.
Executed on:
Date:
Ву:
Beneficiary or his/her legal representative and:

Kelly Freberg-Ash, MD