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## MEDICARE OPT-OUT FORM

This agreement is entered in this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between Women Ob/Gyn, P.A., Janice Bird, M.D., Nicolou Bougas, D.O., Jackie Nichols, M.D., Laura Merrill, M.D., and any employee health care provider of Women Ob/Gyn (referred to either collectively or individually as "Provider") and \_\_\_\_\_ (patient and any legal representative of patient referred to as "Patient"). Provider has elected to opt-out of the Medicare program for the period from October 1, 2009 to September 30, 2011, and has filed and Affidavit with the proper Medicare Carrier as required by law. Provider has not been excluded from the Medicare Program under any provisions of the Social Security Act.

By signing below, the patient agrees, understands and expressly acknowledges the following:

- ❖ Patient will not submit a claim (or request that Physician submit a claim) to the Medicare program for any services or items furnished by Provider.
- ❖ Patient accepts full responsibility for payment of charges for all services and items furnished by Provider.
- ❖ Patient understands that Medigap plans will not provide payment, and other supplemental insurance plans might likewise deny reimbursement because payment is not made under the Medicare program.
- ❖ Patient understands that the Medicare limits do not apply to what the Provider may charge for services and items furnished by Provider. Charges for services and items provided will be based on a fee schedule set by Provider. The fee schedule is available for review on request.
- ❖ Patient understands that Medicare payment will not be made for services or items furnished by Provider, even if Medicare would otherwise covered them if Patient and Provider had not entered into this Agreement and a proper claim had been submitted.
- ❖ Patient understands that she has the right, at any time to obtain medical services and items from a physician who has not opted-out of Medicare. Patient further understand that she is not required to enter into private contracts with other physicians who have not opted out.
- ❖ This agreement is effective for the opt-out period referenced above. Patient is not now in need of emergency or urgent services.

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Patient Signature

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Today's Date (MM/DD/YYYY)