

Gail Kalin, PH.D, Licensed Psychologist

MEDICARE OPT-OUT AFFIDAVIT

I, Gail Kalin, PhD, being duly sworn, depose and say:

- 1 I promise that, except for emergency or urgent care services (as specified in the Medicare Benefit Policy Manual – 100-02, Ch. 15, §40.28), during the opt-out period I will provide services to Medicare beneficiaries only through private contracts that meet the criteria of §40.8 (Medicare Benefit Policy Manual – 100-02. Ch. 15) for services that, but for their provision under a private contract, would have been Medicare-covered services.
- 2 I promise that I will not submit any claim to Medicare for any item or service provided to any Medicare beneficiary during the 2-year period beginning from the first day of treatment, nor will I permit any entity acting on my behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in §40.28.
- 3 I understand that, during the opt-out period, I may receive no direct or indirect Medicare payment for services which I furnish to Medicare beneficiaries with whom I have privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare + Choice plan.
- 4 I acknowledge that, during the opt-out period, my services are not covered under or on a capitated basis.
- 5 I promise that, during the opt-out period, I will be bound by the terms of both this affidavit and the private contracts that I enter into with Medicare beneficiaries.
- 6 I acknowledge that the terms of this affidavit to all Medicare-covered items and services furnished to Medicare beneficiaries by me during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom I have not previously privately contracted) without regard to any payment arrangements I may take.
- 7 I understand that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of §40.28 apply if I furnish such services.
- 8 I understand, if I have signed a Part B participation agreement, that such agreement terminates on the effective date of the affidavit.
- 9 I understand that I must file this affidavit with all carriers who has jurisdiction over claims that I would otherwise file with Medicare and be filed no later than 10 days after the first private contract to which the affidavit applies is entered into.

Dr Gail Kalin

(Electronic Signature)

Client Signature _____ Date _____