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<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/OptOutAffidavits.html>

Opt Out Affidavits

Opt Out of Medicare Enrollment

Physicians and practitioners who do not wish to enroll in the Medicare program may “opt-out” of Medicare. This means that neither the physician/practitioner, nor the beneficiary submits the bill to Medicare for services rendered. Instead, the beneficiary pays the physician/practitioner out-of-pocket and neither party is reimbursed by Medicare. A private contract is signed between the physician/practitioner and the beneficiary that states, that neither one can receive payment from Medicare for the services that were performed. The physician or practitioner must submit an affidavit to Medicare expressing his/her decision to opt-out of the program. For more information please review MLN Matters Number: [SE1311](#).

Opt out periods last for two years and cannot be terminated early unless the physician or practitioner is opting out for the very first time and the affidavit is terminated no later than 90 days after the effective date of the physician or practitioner’s first opt out period.

Opt-out affidavits signed on or after June 16, 2015 will automatically renew every two years. Therefore, physicians and practitioners that sign valid opt-out affidavits on or after June 16, 2015 will no longer be required to file renewal affidavits. Physicians and practitioners that file valid opt-out affidavits effective on or after June 16, 2015 and do not want to extend their opt-out status at the end of a two year opt-out period may cancel by notifying all Medicare contractors with which they filed an affidavit in writing at least 30 days prior to the start of the next two year opt-out period.

Section 106(a)(2) of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires that a list of all physicians and practitioners that have chosen to opt-out of Medicare be made available to the public.

For a listing of all physicians and practitioners that are currently opted out of Medicare, visit <https://data.cms.gov/dataset/Opt-Out-Affidavits/7yuw-754z>.

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Provider Enrollment Part B New York, PO Box 7149, Indianapolis, IN 46207-7149

November 9, 2015

In any inquiry refer to: 225401530760614

Lisa Michele Goldfarb
3 East 65th Street Suite 1AB
New York, NY 10065

Dear Lisa Michele Goldfarb:

This letter acknowledges receipt of your affidavit to ‘opt out’ of the Medicare Program and enter into private contracts with Medicare beneficiaries.

The effective date of this affidavit is October 25, 2015. You may not render services under private contracts with Medicare beneficiaries earlier than the effective date of this affidavit. With the exception of claims for emergency or urgent care services rendered to a beneficiary with whom you have not entered into a private contract; you may not submit any claim to Medicare for any items or services rendered to any Medicare beneficiary during the 2 year period beginning October 25, 2015.

Submission of a Medicare claim, with the exception noted above, during the 2-year opt out period is a violation of your affidavit not to file such claims and makes the contract with the Medicare beneficiary null and void. If you do not comply with your affidavit, you will be required to submit claims for all services to Medicare beneficiaries (for which no Medicare payment will be made) and must abide by the limiting charge rules and regulations for the duration of the opt out period.

As a reminder, a valid private contract must:

- Be in writing and signed by the Medicare beneficiary or the beneficiary’s legal representative in advance of the first service rendered under the agreement;
- Clearly indicate if the physician or practitioner is excluded from participation in the Medicare program under §1128 of the Social Security Act;
- Indicate clearly that by signing the contract the beneficiary or the beneficiary’s legal representative:
 - Agrees not to submit a claim or to request the physician or practitioner to submit a claim for payment under Medicare, even if such items and services would otherwise be covered by Medicare;
 - Acknowledges that Medigap plans do not, and that other supplemental insurance plans may choose not to, make payment for items and services furnished by the physician or practitioner under the contract;
 - Agrees to be responsible for payment of such items or services;

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- Acknowledges that no reimbursement will be provided by Medicare for such items and services;
- Acknowledges that the physician or practitioner is not limited in the amount that he or she may charge the beneficiary for the items and services furnished; and
- Acknowledges that the beneficiary has the right to have such items and services rendered by other physicians/practitioners who have not opted out of the program.

To be valid, the agreement cannot be signed by the beneficiary or the beneficiary's legal representative when the Medicare beneficiary is facing an emergency or urgent health care situation.

If you have any questions, please contact the NGS JK Provider Enrollment Help Line at: 888-379-3807.

Sincerely,
Lindsey Pollard
Provider Enrollment