

Medicare Opt-Out Private Contract

This contract between _____ (“Dentist”) and _____ (Medicare beneficiary, referred to in this contract as “Patient”) allows Dentist to provide treatment to Patient without being subject to Medicare limits. To do so, the law requires Dentist to “opt out” of Medicare and that no Medicare claim be filed for the treatment of Patient by Dentist.

Dentist represents that Dentist [is] [is not] (strike one) excluded from participation under the Medicare program under §1128, 1156 or 1892 of the Social Security Act; in addition, Patient and Dentist agree that Patient is not now facing an emergency or urgent health care situation.

By signing this contract, Patient does the following:

- (i) agrees not to submit a Medicare claim (or to request that Dentist submit a claim) for services or items supplied by Dentist, even if they are otherwise covered under Medicare;
- (ii) agrees to be responsible, whether through insurance or otherwise, for payment of services or items supplied by Dentist, and understands that no reimbursement will be provided under Medicare for those services or items; [add if applicable: in particular, Patient will pay for such services at Dentist’s usual rate (or any other

agreed upon rate), in accordance with Dentist's payment policies;]

- (iii) acknowledges that Medicare limits do not apply to amounts that Dentist may charge for such services or items;
- (iv) acknowledges that Medigap plans do not, and other supplemental insurance plans may elect not to, make payments for items and services covered by this contract, because payment is not made under Medicare; and
- (v) acknowledges that Patient has the right to have such services or items provided by other dentists or practitioners for whom payment would be made under Medicare. (Patient is not required to enter into private contracts that apply to other Medicare covered services furnished by other dentists who have not opted out.)

This contract shall remain in force and effect from the date it is signed by Patient until the end of the term of the Dentist's current opt-out period. The expected expiration date of Dentist's opt-out period is

_____.

Accepted and Agreed: _____
Dentist

Accepted and Agreed: _____

Patient or Patient's
Legal Representative

Date: _____

**Original Contract Must Be Retained by Dentist.
A Copy Will Be Provided To Patient.**

Advance Notice to People with Medicare:

**Medicare Will NOT Pay
for Most Dental Care Services & Dentures**

When you receive dental services that are not Medicare benefits, you are responsible to pay for them personally or through any other insurance you may have. Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. When services (for example, most dental care services) are not Medicare covered benefits, Medicare will not pay for them.

The purpose of this advance notice is to help you make an informed choice about whether or not you want to receive these dental services, knowing that you will have to pay for them yourself. **We do not send claims to Medicare for dental care or dentures that are always excluded from Medicare coverage.**

Before you make a decision, you should read this entire notice carefully.

Ask us how much these dental services will cost you (Estimated Cost: \$ _____).

- **The Medicare program does not cover most routine dental services.**
The Medicare law clearly excludes coverage “for services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting teeth” and dentists may not be required to submit Medicare claims for such services.
- For people with Medicare, this means that Medicare will not pay for most routine dental care, such as fillings, cleanings, x-rays, and dentures, even if those services are performed in a hospital. **Payment for most dental care is your responsibility.**
- **A narrow exception permits coverage of certain dental services that are necessary to the provision of certain Medicare covered medical services.**
For example, Medicare may cover the following services: *
 - Extraction of a tooth as part of a repair of a fractured jaw.
 - Maxillofacial surgery for pathological or traumatic medical conditions (for example, in case of a serious injury).
 - Prosthetic rehabilitation to replace or treat certain oral and/or facial structures related to covered medical and surgical interventions (for example, cancer surgery).
 - Extraction of teeth prior to radiation treatment of the jaw.
 - Oral examination prior to kidney transplantation.
- **Medicare may also cover certain medical procedures that dentists are licensed to perform (for example, a biopsy for oral cancer). ***

* This is not an all-inclusive list. These examples are for illustrative purposes.

If you have any additional questions concerning Medicare coverage for dental services, you can contact Medicare at 1-800-MEDICARE (1-800-633-4227).



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The Centers for Medicare & Medicaid Services has reviewed this ADA notice about dental coverage and confirmed the accuracy of its content. This notice is only a general summary of dental care exclusions from Medicare benefits. It is not a legal document.

The official Medicare program provisions are contained in relevant laws, regulations, and rulings.