

## Medicare Opt-Out Acknowledgement and Financial Responsibility Statement

The provider indicated below has opted out of Medicare and is therefore excluded from participating in Medicare. This includes Medicare Advantage Plans. As a result, no payment may be made to this provider for services under your Medicare Advantage Plan (Plan).

As a Martin's Point Generations Advantage Medicare Advantage Plan member, you have the right to obtain services from providers who have not opted out of Medicare.

You are not compelled to enter into this agreement to obtain services under your Plan.

By entering this agreement:

1. You accept full responsibility for payment of the provider's maximum allowable charge for all services furnished by the provider;
2. Time limits do not apply to what the provider may charge for items or services furnished by the provider; and
3. You understand that regardless of whether you or the provider submit a claim to Martin's Point or Northeast Delta Dental, payment will not be made for any items or services furnished by the provider that would otherwise be covered under the Plan.

I acknowledge that my Medicare Advantage Plan will not pay for any services furnished by this provider during the current opt-out period. I further acknowledge that I am financially responsible for the maximum allowable charge for the services furnished by this provider.

Provider Name	
Opt-Out Effective Date	
Opt-Out Expiration Date	
Member Name (please print)	
Medicare Advantage Plan ID Number	
Member's Signature	
Date Acknowledged and Signed	

Please provide a copy to the member prior to services furnished and retain original in member record for the duration of the opt-out period. A new form is required upon the expiration of the current opt-out period.