



MEDICARE DISCLAIMER

This agreement is between Cherry Creek Oral Surgery, whose principle place of business is at 3955 E. Exposition Ave, Suite #520 in Denver Colorado and _____ (print name).

Please be advised that Cherry Creek Oral Surgery has opted out of the Medicare program effective August 1, 2020 and is excluded from participating in Medicare Part B under Sections 1128, 1156, 1892 or any other section of the Social Security Act.

Cherry Creek Oral Surgery agrees to provide medical services to the patient. In exchange for the services the patient agrees to make payment in full to Cherry Creek Oral Surgery for the services. Patient also agrees, understands and expressly acknowledges the following (please initial each line):

- _____ Patient agrees not to submit a claim (or to request the doctor to submit a claim) to the Medicare program with respect to services, even if covered by Medicare Part B.
- _____ Patient is not currently in an emergency or urgent health care situation.
- _____ Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the services.
- _____ Patient acknowledges that Medigap plans will not provide payment or reimbursement for the services because payment is not made under the Medicare Program.
- _____ Patient acknowledges that he/she has a right, as a Medicare beneficiary, to obtain Medicare covered items and services from doctors and practitioners who have not opted out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare covered services furnished by other doctors or practitioners who have not opted out.
- _____ Patient agrees prior to the services to make payment in full for the services, and acknowledges that Chery Creek Oral Surgery will not submit a Medicare claim for the services and that no Medicare reimbursement will be provided.
- _____ Patient understands that Medicare payment will not be made for any items or services furnished by the doctor what would have otherwise been covered by Medicare if there were no private contract and proper Medicare claims were submitted.
- _____ Patient acknowledges that a copy of this contract has been made available to him/her.
- _____ Patient agrees to reimburse the doctor for any costs and reasonable attorney fees that result from violation of this agreement by the patient or his/her beneficiaries.

For any questions or concerns regarding your above estimated services and/or fees, please contact Cherry Creek Oral Surgery at 303.777.1603. Or contact us via email : info@cherrycreekoms.com.

Patient Signature

Printed Name

Date



cherry creek

ORAL SURGERY

John R. Nesiba, M.D., D.D.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

Diplomate, American Board of Facial Cosmetic Surgery