

**Notice to Medicare Beneficiaries**

Dear Medicare Beneficiary:

Effective January 1st, 2019, I will opt-out of the Medicare Program for the next two (2) years and, therefore, I will not accept assignment of Medicare claims, or receive any payment for service furnished to a Medicare beneficiary under a Medicare Managed Care Plan. I made this decision voluntarily. This does not mean I am excluded from Medicare. I cannot, however, provide services to any patient that will submit a claim to Medicare or to another health plan or organization that accept money from Medicare or a Medicare Managed Care Plan. If you would like to submit claims for treatment to Medicare or to a Medicare Managed Care Plan, I will gladly refer you to another physician who participates in the Medicare Program. However, if you would like to receive services from me, you must understand the following:

1. You must agree not to submit a claim to Medicare or a Medicare Managed Care Plan (“Medicare”) or ask me, Dr. Shim-Chang to submit a claim to Medicare even if services are covered by the Medicare Program (“Medicare Covered Services”);
2. You or your legal representative must agree to be responsible for payment for the Medicare Covered Services furnished by me and acknowledge that no reimbursement will be provided by Medicare for these services;
3. You should understand that no limitation on charges set by Medicare apply to Medicare Covered Services furnished by me;
4. You should understand that Medicare payment will not be made for any items or Medicare Covered Services furnished by me that otherwise would be covered by Medicare;
5. You should understand that Medigap Plans do not, and other supplemental insurance may not, provide reimbursement for such Medicare Covered Services; and
6. You have the right to obtain Medicare Covered Services from physicians and practitioners who have not opted-out of Medicare, and you should not feel compelled to enter into a private contract for these services.

If you would like to see me as your physician, please read and sign the attached form. If you have any questions, we will be happy to discuss with you further.

Very truly yours,

Helen Shim-Chang, M.D.

HELEN SHIM, M.D., PLLC

DERMATOLOGY/DERMATOPATHOLOGY

**Private Contract for Medicare Beneficiaries**

I, \_\_\_\_\_, understand that Helen-Chang Shim, M.D., has opted-out of the Medicare Program, and Dr. Shim-Chang is not bound by the Medicare Physician Fee Schedule. However, I wish Helen Shim-Chang to treat me as her patient. Accordingly, I agree to and understand the following:

1. I agree not to submit and will not ask Dr. Shim-Chang to submit a claim to Medicare or a Medicare Managed Care Plan even if the services provided by Dr. Shim-Chang are covered by the Medicare Program (“Medicare Covered Services”).
2. I also agree to be fully responsible for full payments of Dr. Shim-Chang’s charges for all services furnished by Dr. Shim-Chang and acknowledge that no reimbursement will be provided by Medicare for any services furnished.
3. I understand that Medicare limitation on charges will not apply to Dr. Shim-Chang’s charges for the Medicare Covered Services furnished.
4. I agree not to submit a claim to Medicare or to ask Dr. Shim-Chang to submit a claim to Medicare
5. I understand that Medigap plans do not, and other supplemental insurance plans may not provided reimbursement for such items and Medicare Covered Services furnished by Dr. Shim-Chang.
6. I understand that I have the right to have these services provided by other physicians for whom payment would be made under Medicare.
7. I understand that Medicare payment will not be made for any items or Medicare Covered Services furnished by Dr. Shim-Chang that otherwise would be covered by Medicare if this private contact did not exist and a proper Medicare claim was submitted.
8. I understand that I have the right to obtain Medicare Covered Services from physicians and practitioners who have not opted-out of Medicare and that I am not compelled to enter into a private contact for Medicare Covered Services furnished by other physicians or practitioners who have not opted-out. However, I am signing this private contract because I want Dr. Shim-Chang to provide my care.
9. I understand that Dr. Shim-Chang is not excluded from Medicare, but will not participate in the Medicare Program for a minimum of two (2) year starting from January 1, 2019 and ending January 1st, 2021.

\_\_\_\_\_  
Helen Shim-Chang, M.D.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Patient’s Date of Birth

\_\_\_\_\_  
Today’s Date