

## Medicare Opt-Out: General Guidelines

- 1) **Document: Opt out Physician-Standard (Affidavit for Physician)**  
Make changes to all text items displayed in red, recolor the text to black, and submit the form to your local Medicare Carrier. It is suggested that you mail this Certified, Return Receipt Requested. The Medicare Carrier should send you a letter within 30 days, informing you of their decision regarding your request to Opt-out. If you do not hear from them, you should call and check on the status of your request.
- 2) **Document: New Patient Forms**  
Review these sample forms and use them as a guideline to making appropriate changes to your patient financial forms.
- 3) **Document: Opt out Patient-Standard**  
Make changes to all text items displayed in red, recolor the text to black, and make copies to have ready at the receptionist's desk. Patients must initial each of the items in the contract, must sign the contract, and cannot make any changes to the document.
- 4) **Document: Opt out Patient-Standard**  
Inform patients when they call your office that you have "Opted-Out" of Medicare. Offer to mail them your New Patient information forms, including a copy of the "Opt out Patient-Standard" form, even if they are not ready to schedule an appointment at this time, so that they can review the information and understand what is involved in obtaining their care from an Opt-Out provider.
- 5) **Document: HCFA Claim Form**  
When providing services to Medicare patients, you may want to provide them with a completed HCFA form, as a courtesy, because some secondary policies will pay claims not paid by Medicare.
- 6) Stress to your staff the importance of NEVER, NEVER, NEVER again submitting a HCFA form to Medicare. Give all HCFA forms directly to the patient!
- 7) **Document: Medicare Beneficiary Claim Form**  
You may also want to provide your Medicare patients with a copy of the "Medicare Beneficiary Claim Form" that is provided with these documents and can be found on the Medicare website at: [www.cms.hhs.gov/cmsforms/downloads/cms1490s-english.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1490s-english.pdf)  
Some of our patients have reported that their secondary insurance carriers will reimburse them if they submit their claim to the secondary with a copy of a denial notice from Medicare.
- 8) **Document: Medicare Manual-Opt Guidelines-Denials to Beneficiaries**  
You may want to provide your Medicare patients with a copy of this document, which clearly outlines how carriers are supposed to handle claims that are submitted to Medicare by patients.

- 9) Mark your calendar to send in a renewal "opt out" affidavit to your local Medicare Carrier every two years to maintain your Opt-out status.
  
- 10) **Document: Medicare Benefit Policy Manual**  
This document is from the CMS website and is the main document that provided the information contained in item #8 listed above. I have provided this merely as a reference in the event anyone from Medicare questions the source of the above information. I have had several interesting discussions with Medicare employees who refuse to provide patients with denials if the patient files a claim to Medicare. These patients are simply attempting to procure a denial from Medicare, in order to file a claim to their secondary insurance policy and possibly obtain reimbursement. With this manual, I was able to point out to the Medicare employees that their statements were violating written Medicare policy and when I asked to speak with a supervisor, the matter was dropped and they sent the patient a denial.