

[Medicare Contractor Name and Address]

DATE:

Dear Medicare:

I have received medical services from Dr. [Name], who has **Opted Out** of Medicare as per section 4507 of the Balanced Budget Act of 1997. These services were provided to me via private contract as specified in section 4507.

I am submitting the attached Medicare Claim for **Denial Purposes Only**. My Medicare Secondary insurer requires an official claim denial from Medicare before it will process my claim for benefits.

My physician does not utilize either CPT codes or ICD codes. I have attached a copy of a report from my office visit, and advise that Medicare can supply whatever codes they deem appropriate.

Sincerely,

Medicare Beneficiary