



Croasdaile
DENTAL ARTS

Your Smile. Our Passion.

Drs. Turner & Butler, DMD, PA
DBA: Croasdaile Dental Arts
2900 Croasdaile Drive, Suite 5
Durham, NC 27705
919-383-7402 office

Medicare Private Contract

This contractual agreement is between Drs. Turner & Butler, DMD, PA and _____ (“Patient”). As dentist who have **OPTED-OUT** of Medicare on September 1, 2004 (effective date) Drs. Turner, Butler and their associate, Dr. Cole have informed Patient or his/her legal representative that treatment they provide to any Medicare beneficiary is not subject to Medicare limits.

As required by law, this agreement clearly states that Drs. Turner & Butler, DMD, PA are providers in good standing with the Medicare program under Section 1128, 1156 or 1892 of the Social Security Act.

By signing this contract the patient or his/her legal representative agrees with the following:

- A. Patient or his/her legal representative accepts full responsibility for payment of the Dentist’s charge for all services furnished by Dentist.
- B. Patient or his/her legal representative understands that Medicare limits do not apply to what the Dentist may charge for services.
- C. Patient or his/her legal representative understands that they **cannot submit a claim** to Medicare, Medicare Advantage or Medicare Replacement policies.
- D. Patient or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare covered items and services from physicians and practitioners who have not opted-out of Medicare.
- E. Patient or his/her legal representative understands that medigap or supplemental plans may elect not to make payments for services not filed or paid for by Medicare.

This contract shall remain in force from date signed by the patient or his/her legal representative until the Dentist informs patient that the OPT-OUT period has been cancelled.

Dentist Signature: _____

Patient/Legal Representative: _____

Relationship to Patient: _____

DATE: _____