

Elie M. Gindi, M.D.

2080 Century Park East, Suite 1605
Los Angeles, CA 90067
(310) 553-5535 office
(310) 552-1133 fax

Date: _____

Dear _____,

I am writing to let you know that I will no longer be a Medicare provider after June 30, 2014. The complexity of the new Medicare rules and regulations will not allow me to continue to provide the same level of care for you and my other Medicare patients.

This does not mean I can no longer care for you. It just means there will be financial restrictions if you remain in the practice. The important features of the guidelines for patients seeing non-providers are as follows:

- As with my non-Medicare patients, when you see me, you will pay in full at the time you receive services. This includes charges for in-office visits and testing (labs, ultrasounds, echoes, etc.).
- Unfortunately, Medicare (including supplemental insurance) will not reimburse us for any visits or testing. Further, they will not allow you to bill Medicare or your supplemental or collect from them.
- I can still refer you to Medicare provider consultants, organizations, and imaging centers. These services will still be covered as they are now. Most of my current referrals are to Medicare providers.
- Hospital bills and all in hospital care and procedures will continue to be covered by Medicare.
- If I see you in the hospital, my fee for seeing you will not be covered by Medicare. I will bill you for those visits. If one of my associates sees you for me (as is often the case), their fees will be covered.
- You will need to sign an affidavit stating that you understand the implications of remaining with my practice.

This “opt-out” change in my Medicare status will allow me to continue to provide the level of care for you that you have come to expect from me and my staff. I will not charge a retainer or “concierge” fee. My charges to you will remain fees for my services. I am not changing the prices that I charge for any of my services, and I will provide you with a list of my charges for services at your request. The cost to you and all Medicare patients is

the same as the cost to my private patients under age 65 (I am also not a provider for any insurance company). Chinye, my billing assistant, can provide you with an estimate of anticipated charges.

I have established relationships lasting years with my patients and value those relationships. I know that some of you will not be able to afford to see me under these circumstances. Some of my associates are Medicare providers and are happy to see any of my patients who need to leave my practice. I will make every attempt to make the transition seamless, providing all of your records on you and providing special insight into your past history and care. If you decide to see any other doctor, your entire medical record will be forwarded at your written request.

I hope you choose to remain with my practice, but I understand if you cannot. Nancy and Denise are also available to answer any additional questions. I am also happy to discuss this with you personally.

I wish you continued excellent health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elie M. Gindi". The signature is cursive and somewhat stylized, with the first name "Elie" being more prominent.

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PRIVATE CONTRACT

This agreement is between Elie M. Gindi, M.D. whose principal place of business is at 2080 Century Park East, Suite 1605, Los Angeles, CA 90067 and Gindi MESSAGE, who resides at, [Contact Address], [CSZ].

All Medicare patients who wish to be seen by Elie M. Gindi, M.D. must acknowledge all items below by initialing each box and signing this consent.

I, Elie M. Gindi, M.D. have not been excluded from Medicare under [1128], [1156] or [1892] of the Social Security Act and have informed my patient or his/her legal representative that I have elected to opt-out of the Medicare Program effective July 1, 2014 for a period of at least two years, to expire on June 30, 2016.

I, the Medicare beneficiary or my legal representative accept full responsibility for payment of charges for all charges furnished by Elie M. Gindi, M.D.

I, the Medicare beneficiary or my legal representative understand that Medicare limits do not apply to what Elie M. Gindi, M.D. may charge for items or services furnished.

I, the Medicare beneficiary or legal representative agree not to submit a claim to Medicare or to ask Elie M. Gindi, M.D. to submit a claim to Medicare.

I, the Medicare beneficiary or my legal representative understand that Medicare payment will not be paid for any items or services furnished by Elie M. Gindi, M.D. that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

I, the Medicare beneficiary or my legal representative enter into this contract with the knowledge that I have the right to obtain Medicare-covered items and services from a physician and/or practitioner who has not opted-out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

The expected or known effective date and expected or known expiration date of the opt-out period is July 1, 2014 and will expire on June 30, 2016.

I, the Medicare beneficiary or my legal representative understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

The contract cannot be entered into by myself, the Medicare beneficiary, or by my legal representative during a time when I, the Medicare beneficiary, require emergency care services or urgent care services. The beneficiary or legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

I, The Medicare beneficiary or my legal representative, will receive or have received a copy of this contract, before items or services are furnished to me under the terms of this contract.

I, Elie M. Gindi, M.D. will retain the original contract with the original signatures of both parties for the duration of the opt-out period.

I, Elie M. Gindi, M.D. will supply CMS Medicare with a copy of this contract upon request.

I, Elie M. Gindi, M.D. understand that the current private contract remains in effect for two years. If I again opt-out of Medicare, I will expediently complete a new contract for each Medicare beneficiary and will submit the appropriate affidavit(s) to all local Medicare carriers.



Provider Signature:

April 14, 2014

Patient Signature:

Date

Patient's Legal Representative Signature

Date

Printed Name

You may:

- **Mail this form, signed, to Dr. Gindi's office in the enclosed envelope**
- **Fax this form, signed, to (310) 552-1133**
- **Bring the signed form with you on your first visit after July 1, 2014**
- **Sign a new form at our office before being seen on your first visit after July 1, 2014**