



Stephen J. Apaliski, MD – Harry Earl, MD – Neil Singhania, MD
5421 Matlock Road, Arlington, TX 76018

Dear Patient,

Based on your current age, you have qualified or will be qualifying for standard Medicare coverage soon.

The physicians at the Allergy & Asthma Centres of the Metroplex are no longer participants in the Medicare program. They have elected to opt-out of Medicare and are excluded from participation in the Medicare Program under section 1128 of the Social Security Act.

By signing this letter, you are acknowledging and agreeing that you are not enrolled in Medicare Part B and will accept full responsibility to inform the practice if you should enroll in Medicare Part B in the future.

You are also acknowledging that the physicians at the Allergy & Asthma Centres of the Metroplex do not treat or submit claims for payment under Medicare, even if such items or services would otherwise be covered by Medicare. This would be in violation of their participation opt-out.

Medigap Plans do not make payments for the services during the opt-out period. Your supplemental insurance plans may also choose not to make payments for services furnished by the physicians at the Allergy & Asthma Centres of the Metroplex.

You have the right to seek services from another physician who has not “opted-out” of Medicare.

Sincerely,

The Allergy & Asthma Centres of the Metroplex

I have read and understand the above letter. I acknowledge that you are no longer participating in the Medicare Program. I declare that I am not enrolled in Medicare Part B at this time and will inform the practice should I enroll in the Medicare Part B program in the future. I accept the terms and conditions stated in this letter and agree to be totally responsible for the charges incurred. I am not facing an emergency or urgent health care situation at this time.

Signature: _____

Date: _____

Witness: _____