

231 East Southlake Blvd, Suite 160 Southlake Texas 76092 Phone: 817-897-8882 / Fax: 817-953-8900

# PRIVATE PAY (OPT-OUT) - MENTAL HEALTH SERVICES CONTRACT

According to Section 4507 of the 1997 Balanced Budget Act, a mental health provider can enter into a private contract with a Medicare participant.

#### WHY IS A CONTRACT NEEDED?

Shannon Thomas Counseling, Inc, dba Southlake Christian Counseling, and myself, Shannon Thomas, as an individual mental healthcare provider, have chosen to "opt-out" from being a Medicare provider. My current opt-out period began January 1, 2024 and lasts for two years with the intent to renew the opt-out option. At no time do I plan to become a Medicare provider and it is required I have clients sign a private-pay medical services contract before services begin (new clients) or signed on or after January 1, 2024 for current clients.

## WHO PAYS FOR SERVICES?

All session fees are paid by you, the client. Medicare will not reimburse you for counseling services received at my office.

## WHAT ABOUT CHARGE LIMITS?

Medicare charge limits do not apply to private-pay services. I can determine the session rate I wish to offer my clients. I am not restricted by any Medicare fee schedule.

#### WILL MEDICARE HELP PAY FOR COUNSELING?

No. I have chosen not to participate as a Medicare provider. At no time can receipts provided to you by my office be submitted to Medicare for payment. Medicare will not pay for any services provided at my office.

## IS MENTAL HEALTH COVERED BY MEDICARE?

Yes, but not through my office because I have chosen to opt-out as a Medicare provider. If you would like to use your Medicare coverage, please alert my office immediately of no further appointments and schedule an appointment with a provider connected with Medicare.

## WILL MEDIGAP OR OTHER SUPPLEMENTAL PLANS HELP ME PAY FOR SERVICES HERE?

No. As a therapist who has opted out as a Medicare provider, no related coverage will help pay for fees charged for counseling services.

My NPI Number is: 1124262373

Patient Signature/Date

Provider Signature/Date