

ZOOM+Care Medicare Statement

ZOOM+Care is recognized for its fair, simple and affordable prices. However, U.S. federal law requires health care providers who provide care for Medicare beneficiaries to accept the Medicare price. Unfortunately, what Medicare pays is less than ZOOM+Care's real costs of providing care. Further, U.S. federal law even prohibits Medicare beneficiaries the option of simply paying out of pocket for our services. Therefore, U.S. federal law forces ZOOM+Care and many primary care physicians into the untenable position of denying health care services to Medicare beneficiaries. ZOOM+Care believes that this aspect of Medicare law is nonsensical and sadly unjust.

With great disappointment, ZOOM+Care cannot provide services to Medicare beneficiaries. ZOOM+Care continues to evaluate the highly complicated and evolving federal Medicare laws, and hopes to one day be able to care for Medicare beneficiaries.

If you are a Medicare Part B Beneficiary:

If you are a Medicare Part B beneficiary, we regretfully will not be able to provide service to you, even if you prefer to pay out-of-pocket and not file a claim. This is in accordance with U.S. federal law.

If you are Medicare-eligible but have declined Medicare Part B coverage:

If you are Medicare-eligible but have declined Medicare Part B coverage (for example, because you continue to be covered by your employer's policy), you will be asked at the time of your visit to verify that you are not a Medicare Part B beneficiary. We will be honored to serve you.

ZOOM+Care Customer Denial of Medicare Part B Beneficiary Status

I, _____, verify that I am not a Medicare Part B beneficiary. I acknowledge that if I am a Medicare Part B beneficiary it would be unlawful of ZOOM+Care to provide care to me without submitting a claim to Medicare and that ZOOM+Care does not submit claims to Medicare. Medicare Part B beneficiaries include Medicare Advantage plans as well as traditional Medicare. I acknowledge that ZOOM+Care will submit a claim to my primary insurer if it is in network with the insurer, otherwise ZOOM+Care will collect the full cost of the care at the time of service.

Signature

First & Last Name

Address

City, State, Zip

Date