

**Medicare Opt Out Affidavit for  
Christopher J. Couri, D.D.S., M.S.**

Dr. Christopher J. Couri has chosen to opt out from being a Medicare Provider.

**By signing and dating below, you or your legal representative agrees, understands, and expressly acknowledges the following:**

- You or your legal representative understands that Dr. Christopher J. Couri does not have to follow the limiting fee schedule enforced by Medicare. They can determine their own fees and charges independently and have patients pay at the time of service.
- You or your legal representative agrees not to submit a claim to Medicare or ask Dr. Christopher J. Couri to submit a claim to Medicare even if such services would otherwise be covered by Medicare. You also understand that supplemental plans may elect not to make payment for services not paid for by Medicare.
- You or your legal representative understands that you have the right to have services performed by other providers who have not opted out of the Medicare program.
- You or your legal representative acknowledges that a copy of this notice has been made available to you.

\_\_\_\_\_  
Name of Patient (Please Print):

\_\_\_\_\_  
Medicare ID#:

\_\_\_\_\_  
Signature of Patient/Legal Representative:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Doctor:

\_\_\_\_\_  
Date: