

Non-Participating Medicare/Medicaid Provider of Services

I have been informed that Dr. James J. Gift, DDS, M.S. has opted out of the Medicare/Medicaid program(s). I am aware that any services included but not limited to exams, x-ray, surgical procedures, prescriptions and laboratory procedures provided by Dr. James J. Gift, DDS, M.S. cannot be filed with Medicare/Medicaid for reimbursement. I do have the option of seeing a Medicare/Medicaid provider for the service(s) in question but choose to obtain treatment from Dr. James J. Gift, DDS, M.S.

Print Patient Name: _____

Patient/Legal Guardian Signature: _____

Date: _____