



MEDICARE

Vani Rao
1020 19th Street NW, Suite 625
Washington, DC 20036

February 23, 2017

Dear Vani Rao:

This letter serves as confirmation that we have received your request to “opt out” or private contract, with your Medicare patients.

In accordance with your correspondence, we have approved your request to “opt out” of the Medicare program. Your opt out status is effective May 15, 2017. Your opt out status is effective for two years and will automatically extend at the end of the two year period. If you do not wish to extend your opt out status at the end of the two year period, please notify us in writing at least 30 days prior to the start of the next two year opt out period. You may notify us at the address listed below:

Novitas Solutions
Provider Enrollment Services
ATTN: Opt Out
P.O. Box 3157
Mechanicsburg, PA 17055-1836

For information relative to the private contracting regulations, please visit the Enrollment center on our website at www.novitas-solutions.com. You may also reference Medicare Benefit Policy Manual, Chapter 15, Section 40.

If you have any questions, please contact our office at 1-855-252-8782 between the hours of 8:00 AM and 4:00 PM (CT and MT) Monday – Friday for providers/suppliers in Jurisdiction H (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas) or 1-877-235-8073 between the hours of 8:00 AM and 4:00 PM (EST) Monday – Friday for providers/suppliers in Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia).

Sincerely,

Stephanie Meyer
Lead Specialist
Novitas Solutions, Inc.
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