



RoseHill Plaza
1564 Opossumtown Pike
Frederick, MD 21702
Phone - 301-663-3137
Fax - 301-695-6939

Mt. Airy Plaza
1502 Main St., Ste 202
Mt. Airy, MD 21771
Phone - 301-829-9570
Fax - 301-829-1734

Ventrie Center
3000-D Ventrie Ct.
Myersville, MD 21773
Phone - 301-293-2549
Fax - 301-293-3014

Opt-Out Form

Dear Parkview Medical Group:

I understand that Multi-Payer Patient Centered Medical Home Program services would be provided to me at no additional charge; however, I choose not to participate in the program. In opting out of the program, I understand that I may be relinquishing the additional services outlined in the Program's Commencement Letter. I also understand that this decision may preclude my participation in the Multi-payer Patient Centered Medical Home Program.

I have made the decision to opt out of the Program in a completely voluntary manner and not under the influence or direction of any other person.

Patient Signature

Printed Patient name

Date

Parent/Guardian Signature*

Printed Parent/Guardian Name

Date

Legal Representative Signature*

Printed Legal Representative Name

Date

Return to:

PARKVIEW MEDICAL GROUP
1564 Opossumtown Pike
Frederick, MD 21702
ATTN: Care Coordination

**If the person signing this form is not the patient or the parent/legal guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e., Power of Attorney, Court Assigned guardian, Personal Representative, etc.)*