

*WAIVER OF LIABILITY STATEMENT*

\_\_\_\_\_  
Medicare/HIC Number

\_\_\_\_\_  
Enrollee's Name

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Dates of Service

\_\_\_\_\_  
Health Plan

I hereby waive any right to collect payment from the above-mentioned enrollee for the aforementioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR 422.600.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Medicare Assured Gold<sup>SM</sup> / Medicare Assured Platinum<sup>SM</sup> / Medicare Assured Choice<sup>SM</sup> / Medicare Assured Prime<sup>SM</sup> is an HMO plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Medicare Assured Diamond<sup>SM</sup> / Medicare Assured Ruby<sup>SM</sup> is an HMO plan with a Medicare contract and a contract with Pennsylvania and Ohio Medicaid. Enrollment in these plans depends on contract renewals.