



**Appendix 7 -Waiver of Liability Statement
(Rev. 105, Issued: 04-20-12, Effective: 04-20-12, Implementation: 04-20-12)**

WAIVER OF LIABILITY STATEMENT

Enrollee's Name

Medicare HIC Number

Provider

Date

Health Plan

ID Number

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.

Patient Signature

Date