

## **Appendix 7 - Waiver of Liability Statement**

**(Rev. 105, Issued: 04-20-12, Effective: 04-20-12, Implementation: 04-20-12)**

### **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