WAIVER OF LIABILITY STATEMENT

	Medicare/HIC Number
Enrollee's Name	
Provider	Dates of Service
Health Plan	
mentioned enrollee for the payment has been denied lunderstand that the signing	o collect payment from the above- e aforementioned services for which by the above-referenced health plan. I g of this waiver does not negate my beal under 42 CFR 422.600.
Signature	Date