



Waiver of Liability Statement

Medicare/HIC Number

Enrollee's Name

Provider

Dates of Service

Health Plan

In order to comply with CMS, Center of Medicare and Medicaid Services, we appreciate if you read, sign and send this letter within 30 calendar days to the Appeals and Grievances Department. We will evaluate your case within the next 60 calendar days once this letter is received. Please read carefully the following paragraph.

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

Signature

Date

Source: CMS Medicare Managed Care Manual Chapter 13 Appendix 7- Waiver of Liability Statement (Rev.105, Issued: 04-20-2012, Effective Date: 04-20-12; Implementation Date: 04-20-2012)