Waiver of Liability

Dear Provider:

On ____________________, we received an appeal requesting the revision of our payment determination. However, it was identified that you are not contracted by MMM; the Centers for Medicare and Medicaid Services (CMS) requires us that you complete the enclosed waiver of liability in order for us to be able to work your appeal.

Member's name: ________________________
Member's ID: ________________________
Date of Service: ________________________

We will have 60 calendar days to work your appeal once the signed waiver of liability is received at the plan. If we do not received this document the appeal will not be analyzed and will be closed.

If you need additional information, please feel free to contact our Provider Services Department at 1- (844) 212-9858 (toll free) from Monday through Friday from 8:00 a.m. to 8:00 p.m.

*** You can send back us the Signed Waiver of Liability by our direct Fax: 1-833-523-2628.**

Sincerely,

Appeals and Grievances Department

Enclosed: Waiver of Liability

MMMFL-AG- LET-035-082318-E

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 Healthcare, LLC. 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)

PO BOX 260430 MIAMI, FL 33126