BLUE MEDICARE
ADVANTAGE

WAIVER OF LIABILITY STATEMENT

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Medicare/HIC Number

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Enrollee’s Name

Blue Medicare Advantage (HMO/PPO)

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Health Plan

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Provider

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Dates of Service

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.

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Signature Date

17-003_Y0126
Last Update: 01/01/2021