



Health Net Medicare - Appeals
P.O. Box 9030
Farmington, MO 63640-9030
www.HealthNet.com

MEDICARE MANAGED CARE RECONSIDERATION PROJECT
WAIVER OF LIABILITY STATEMENT

Enrollee Name

Medicare Beneficiary Identifier (MBI) Number

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