PacificSource Medicare

Waiver of Liability Statement
(For non-contracted provider Medicare Advantage claim appeals only)

Enrollee Name	Medicare/HIC Number
Provider	Dates of Service

PacificSource Medicare

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

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