



PacificSource Community Health Plans  
2965 NE Conners Avenue, Bend OR 97701  
541.385.5315 888.863.3637  
Medicare.PacificSource.com

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

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\_\_\_\_\_  
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

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract.