

**Appendix 6 - Waiver of Liability Statement**  
**(Rev. 22, 05-09-03)**

**WAIVER OF LIABILITY STATEMENT**

\_\_\_\_\_  
Medicare/HIC Number

\_\_\_\_\_  
Enrollee's Name

\_\_\_\_\_  
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