Non-Contracted Provider Waiver of Liability Statement

All appeals and requests for reconsideration of a denial determination submitted by non-contracted providers must include this signed Non-Contracted Provider Waiver of Liability Statement in order to be reviewed.

Member Information

Member Name

Member ID #

Date(s) of Service

Health Plan Information

Name of Member's Health Plan

Non-Contracted Provider Information

Non-Contracted Provider Name

Clinic/Practice Name

By signing below, I waive any right to collect payment from the Member indicated above for services performed on the date(s) of service indicated above for which payment has been denied by the health plan indicated above. I understand that signing this Non-Contracted Provider Waiver of Liability Statement does not negate any right to request further appeal that I may have under 42 C.F.R. § 422.600.

Non-Contracted Provider Signature

Date