



SENIOR WHOLE HEALTH

Simple. Secure. Independent.

## WAIVER OF LIABILITY STATEMENT

Non-contracted providers have the right to file a standard appeal in order to dispute a payment or to appeal a denied claim. To do so you must complete a waiver of liability statement in which you formally agree to waive any right to payment from the enrollee regardless of the outcome of the appeal. A copy of the waiver of liability form can be downloaded from our website at [seniorwholehealth.com](http://seniorwholehealth.com). If you have any questions regarding the appeal process, please contact our Claims Department at 1-866-233-4773.

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

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

\_\_\_\_\_  
*Provider*

\_\_\_\_\_  
*Dates of Service*

Senior Whole Health

\_\_\_\_\_  
*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*

 [WWW.SENIORWHOLEHEALTH.COM](http://WWW.SENIORWHOLEHEALTH.COM) 

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