



701 N.E. 10<sup>th</sup> Street, Oklahoma City, OK 73104-5403

**Appendix 7 - Waiver of Liability Statement  
(Rev. 105, Issued: 04-20-12, Effective: 04-20-12, Implementation: 04-20-12)**

**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**

H3706\_2015\_WaiverOfLiability Accepted

Generations Healthcare is an HMO with a Medicare contract. Enrollment in Generations Healthcare HMO depends on contract renewal.