



Medicare Advantage Plans

210 Park Ave. | Suite 2900 | Oklahoma City, OK 73102-5621

Waiver of Liability Statement

Enrollee's Name

Enrollee ID Number

Provider

Dates of Service

GlobalHealth, Inc.
Health Plan

By signing below, I give up (“waive”) any right to collect payment from the enrollee (above) for the item, service or Part B drug furnished to the enrollee that the enrollee’s health plan has denied. I understand that signing this waiver doesn’t negate my right to appeal under 42 CFR §422.600.

Provider Signature

Date

Please return to:

GlobalHealth
P.O. Box 2658
Oklahoma City, OK 73101

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. **Confidentiality Notice:** This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.