

Providence Medicare Advantage Plans
Attn: Appeals and Grievance Department
P.O. Box 4158
Portland, OR 97208-4158
Phone: 503-574-8000 or 1-800-603-2340
Fax: 503-574-8757 or 1-800-396-4778
8 a.m. to 8 p.m. (Pacific Time), 7 days a week



Providence Medicare Advantage Plans

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

Providence Health Plan is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Providence Health Plan depends on contract renewal.