

Waiver of Liability Statement

 Enrollee's Name
 Enrollee ID Number

 Provider
 Dates of Service

 Health Plan
 Enrollee ID Number

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

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