

## Waiver of Liability Statement

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

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

\_\_\_\_\_  
Provider Dates of Service

University of Maryland Health Advantage  
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

University of Maryland Health Advantage is a HMO SNP plan with a Medicare contract and a Maryland Department of Health and Mental Hygiene (Medicaid) program contracts. Enrollment in University of Maryland Health Advantage depends on contract renewal.

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Non-Marketing: 09/21/2015

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Member of the University of Maryland Medical System