Dignity Health Management Services

4550 California Avenue, Suite 100
Bakersfield, CA 93309
Phone 661.716.7100
Fax 661.716.7111

MEDICARE WAIVER OF LIABILITY STATEMENT

Patient Name

Health Plan Subscriber ID Number

Provider Name (Please Print)

Provider Tax ID Number

Service "From/To" Date

Health Plan

I hereby waive any right to collect payment from the above-mentioned patient 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

Print Name

Date

Telephone Number with Area Code