

Health Net Medicare Advantage Plans
Waiver of Liability Form

(Required to initiate a Medicare Advantage Appeal)

Enrollees Name

Health Net ID#

Provider

Date(s) of Service

Medicare Advantage 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 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