

CareFirst BlueCross BlueShield
Medicare Advantage
10455 Mill Run Circle
Owings Mills, MD 21117-5559
carefirst.com/medicare



Waiver of Liability Statement

Enrollee's Name

Enrollee ID Number

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

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