



Aetna® Medicare FIDE (HMO D-SNP)

PO Box 14727

Lexington, KY 40512-4727

Phone: 1-855-676-5772 (TTY: 711)

Fax: 1-959-876-7983

AetnaMedicare.com/ILDSNP

WAIVER OF LIABILITY STATEMENT

Medicare/HIC Number

Enrollee's Name

Provider

Dates of Service

Aetna Medicare FIDE (HMO D-SNP)
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