



Aetna Medicare FIDE (HMO D-SNP)

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WAIVER OF LIABILITY STATEMENT

Enrollee Name

Enrollee ID

Provider Name

Dates of Service

Health Plan

Aetna Medicare FIDE (HMO D-SNP)

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