

Aetna Better Health of Virginia (HMO SNP)
9881 Mayland Drive
Richmond, VA 23233



WAIVER OF LIABILITY STATEMENT

Enrollee Name

Enrollee ID

Provider Name

Dates of Service

Health Plan

Aetna Better Health of Virginia (HMO 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