



## Waiver of Liability Statement

Non-contracted providers have the right to file a standard appeal in order to dispute a payment or to appeal a denied claim. To do so you must complete a waiver of liability statement in which you formally agree to waive any right to payment from the enrollee regardless of the outcome of the appeal. A copy of the waiver of liability form can be downloaded from our website at [seniorwholehealth.com](http://seniorwholehealth.com).

If you have any questions regarding the appeal process, please contact the Senior Whole Health of New York Claims Department at 1-866-233-4773.

\_\_\_\_\_  
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