

CareAdvantage Waiver of Liability Statement

Medicare/HIC Number

Member's Name

Provider

Dates of Service

The Health Plan of San Mateo (HPSM) CareAdvantage Plan (Medicare-Medicaid Plan)
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.

HPSM CareAdvantage (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Signature

Date