

An Independent Licensee of the Blue Cross and Blue Shield Association

## WAIVER OF LIABILITY STATEMENT

	Medicare/HIC Number
Enrollee's Name	
Provider	Dates of Service
Health Plan	
aforementioned services for which payme	nt from the above- mentioned enrollee for the ent has been denied by the above-referenced g of this waiver does not negate my right to 2.600.
Signature	 Date