



8600 NW 41<sup>ST</sup> St  
Suite 210  
Doral, FL. 33166

## WAIVER OF LIABILITY STATEMENT

\_\_\_\_\_  
Member ID Number

\_\_\_\_\_  
Enrollee's Name

\_\_\_\_\_  
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

Leon Health is an HMO plan with a Medicare Contract. Enrollment in Leon Health Plans, Inc. depends on contract renewal. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llama al 1-844-969-5366 (TTY:711). Leon Health Plans, Inc complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.