



8600 NW 41ST St
Suite 210
Doral, FL. 33166

WAIVER OF LIABILITY STATEMENT

Member ID Number

Enrollee's Name

Provider

Dates of Service

Leon Health, Inc. (H4286)
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.