



Horizon Blue Cross Blue Shield of New Jersey

## **WAIVER OF LIABILITY STATEMENT for Medicare Advantage appeals from Nonparticipating Providers**

A completed and signed copy of the Waiver of Liability statement on the following page must be included as a part of a request for the reconsideration of our denial of a payment of a claim submitted for services or supplies provided by a nonparticipating provider to a patient enrolled in one of our Medicare Advantage plans. Horizon Blue Cross Blue Shield of New Jersey will not undertake a review of a request for reconsideration without this completed statement.

Requests for reconsideration (which should also include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records or other documentation that supports your appeal) may be mailed to:

**Medicare Advantage Provider Appeals  
Mail Station - PP12L  
3 Penn Plaza East  
Newark, NJ 07105-2200**

By signing this Waiver of Liability statement, a non-participating provider formally agrees to waive any right to payment from the enrollee, regardless of the outcome of the appeal.

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# WAIVER OF LIABILITY STATEMENT

\_\_\_\_\_  
Medicare/HIC Number

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

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date(s) 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 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