

**WAIVER OF LIABILITY STATEMENT**

**Enrollee Name**

\_\_\_\_\_

**Medicare/HIC Number**

\_\_\_\_\_

**Provider Name**

\_\_\_\_\_

**Dates of Service**

\_\_\_\_\_

***Mercy Maricopa Advantage***

4350 E Cotton Center Blvd, Bldg D  
Phoenix, AZ 85040

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**

Mercy Maricopa Advantage (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a Medicaid contract with the Arizona Department of Health Services, Division of Behavioral Health Services. Enrollment in Mercy Maricopa Advantage depends on contract renewal.

This information is available for free in other languages. Please contact our Member Services number at 602-586-1880 or 1-866-602-1979 (TTY/TDD 711) for additional information. Hours of operation: 24 hours a day, 7 days a week. Esta información está disponible gratis en otros idiomas. Por favor comuníquese a nuestro número de Servicios al Miembro al 602-586-1880 o 1-866-602-1979 (TTY/TDD 711) para información adicional. Horas de servicio: 24 horas al día, 7 días a la semana.