

399 Revolution Drive Suite 850 Somerville, MA 02145 855.833.3668 MassGeneralBrighamAdvant age.org

Waiver of Liability Statement

Enrollee Name	Enrollee ID Number
Provider	Dates of Service
Health Plan	
enrollee (above) for the item, ser	ve") any right to collect payment from the vice or Part B drug furnished to the enrollees denied. I understand that signing this appeal under 42 CFR §422.600.
Signature	Date