

Samaritan Advantage Health Plan (HMO)
WAIVER OF LIABILITY STATEMENT



APPEALS PROCESS FOR NON-CONTRACTED PROVIDERS:

- Non-contracted providers have the right to request a reconsideration of the plan's denial of payment
- Non-contracted providers have 60 calendar days from the remittance notification date to file the reconsideration;
- Non-contracted providers must include **a signed Waiver of Liability form** holding the enrollee harmless regardless of the outcome of the appeal.
- Non-contracted providers should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement; and
- Non-contracted providers must mail the reconsideration to the plan at: Samaritan Advantage Health Plan, Attn: Appeal Team, P.O. Box 1510, Corvallis, OR 97339 or fax to 541-768-9765.

MEMBER
Member's Medicare/HIC Number:
Member's Name:
PROVIDER
Name:
Provider Dates of Service:
WAIVER
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: _____