



Absolute Total Care (Medicare-Medicaid Plan)
Attn: Appeals and Grievances – Medicare Operations
7700 Forsyth Blvd.
St. Louis, MO 63105

Waiver of Liability Statement

Enrollee's Name

Enrollee ID Number

Provider

Dates of Service

Absolute Total Care (Medicare-Medicaid 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