



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