

Aetna®
Virginia (HMO D-SNP)
PO Box 818070
Cleveland, OH 44181



Phone: 1-855-676-5772 (TTY: 711)
Fax: 1-844-321-9567

WAIVER OF LIABILITY STATEMENT

Enrollee Name

Enrollee ID

Provider Name

Dates of Service

Health Plan

Aetna®

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