



Health Choice Generations HMO SNP
410 N. 44th Street, #510
Phoenix, Arizona 85008
Tel: (480) 317-3328
Fax: (480) 760-4771
www.hcgenerations.com

Waiver of Liability Statement

Medicare/HIC Number: _____

Enrollee's Name: _____

Provider: _____

Dates of Service: _____

Health Plan: Health Choice Generations

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

H5587_2017_74

Member Services:

410 N. 44th St., Suite 510
Phoenix, AZ 85008 | Fax: 480-784-2933
Phone: 480-968-6866 | Toll-free: 800-656-8991 TTY: 711
HealthChoiceGenerations.com