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John W. Behre, Jr.
Chairman

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**See What's Possible When
Health Care Gets Personal.**

WAIVER OF LIABILITY STATEMENT

Medicare/HIC Number: _____

Enrollee's Name: _____

Provider: _____

Dates of Service: _____

Health Plan: VillageCareMAX _____

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.

Provider Signature: _____

Date: _____

VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.