



1244 Mariner Boulevard
Spring Hill, Florida 34609
www.chooseultimate.com

Waiver of Liability Statement

Medicare/HIC Number

Enrollee's Name

Provider

Date of Service

Ultimate Health Plans, Inc.

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 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