

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

Providers Not Contracted:

In accordance with CMS regulations, providers who are not contracted with a Medicare Advantage organization may file a standard appeal for a claim that has been denied, in whole or in part, but only if they submit a completed Waiver of Liability Statement. If you complete a Waiver of Liability Statement, you waive the right to collect payment from the member, with the exception of any applicable cost sharing, regardless of the determination made on the appeal.

The Waiver of Liability Form can be found at www.healthsmartmso.com. Please include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports your argument for reimbursement.

If you appeal and we uphold the denial, in whole or in part, you will have additional appeal rights available to you including, but not limited to, reconsideration by a CMS contracted independent review entity.

To appeal, mail your request and completed Waiver of Liability Statement within 60 calendar days after the date the initial determination:

Claims Department Appeals
P.O. Box 6301
Cypress, CA 90630-0018

**MEDICARE MANAGED CARE RECONSIDERATION PROJECT
WAIVER OF LIABILITY STATEMENT**

Enrollee Name

Medicare/HIC Number

Provider

Dates 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 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