Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
Attn: Appeals and Grievances – Medicare Operations
7700 Forsyth Blvd.
St. Louis, MO 63105

Waiver of Liability Statement

Enrollee's Name	Enrollee ID Number
Provider	Dates of Service

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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

MRSC #:

MMPWOL_Approved_12052019