



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

Absolute Total Care (Medicare-Medicaid 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

MRSC #: