


**Gateway Health Plan *Medicare Assured*<sup>®</sup>  
Provider Manual 2010**

 <p><b>GATEWAY</b> <b>Health Plan</b> <i>Medicare Assured<sup>®</sup> HMO</i></p>	<p><b>Waiver of Liability Statement</b></p>
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\_\_\_\_\_  
**Gateway Health Plan- ID**

\_\_\_\_\_  
**Member's Name**

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**Dates of Service**

**I 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**

\_\_\_\_\_  
**Printed Name**

Gateway Health Plan *Medicare Assured*<sup>®</sup> *HMO* is a Medicare approved Special Needs Plan for individuals who have both Medicare and Medical Assistance

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