

Waiver of liability

If you are treating a Geisinger Health Plan Gold member as a non-contracted provider, you have the right to appeal the denial of request for payment by first signing a Waiver of Liability statement, which can be found on the next page, or at www.geisinger.org/WaiverOfLiability.

Your appeal must be in writing and received within 60 calendar days after the date of this notice. You should include the completed Waiver of Liability statement, your name, address, the Member's ID number, reasons for appeal, and any evidence you wish to attach. You may send in supporting medical records, letter, or other information that explains why we should pay this service.

Mail your written appeal to:

**Appeal Department
Geisinger Health Plan
100 North Academy Avenue
Danville, PA 17822-3020**

If you appeal, we will review our decision. After we review our decision, if a payment for any of your claims is still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of the Medicare Advantage Organization. If you disagree with that decision, you will have further appeal rights. You will be notified of those rights if this happens.

Waiver of Liability Statement

Enrollee's Name

Enrollee ID 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