Sentara® Health Plans

PO Box 66189
Virginia Beach, VA 23466

Waiver of Liability Statement

_____ _____
Enrollee Name Enrollee ID Number

_____ _____
Provider Date of Service

_____
Health Plan

I hereby waive any right to collect payment from the above-mentioned enrollee for the 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