

Upper Peninsula Health Plan
Attn: Review and Appeals Coordinator
853 W. Washington Street
Marquette, MI 49855
Phone: 906-225-7775
Fax: 906-225-7720

Upper Peninsula Health Plan
WAIVER OF LIABILITY STATEMENT

Medicare/HIC Number

Enrollee's Name

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