

**Health Plan of San Joaquin/
Mountain Valley Health Plan
Advantage D-SNP (HMO)
Waiver of Liability Statement**



Enrollee Name: _____ **Enrollee ID Number:** _____

Provider: _____ **Dates of Service:** _____

Health Plan: _____

By signing below, I give up ("waive") any right to collect payment from the enrollee (above) for the item, service or Part B drug furnished to the enrollee that the enrollee's health plan has denied. I understand that signing this waiver doesn't negate my right to appeal under 42 CFR §422.600.

Signature: _____ **Date:** _____

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP is an HMO with a Medicare and a Medi-Cal contract. Enrollment in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP depends on contract renewal.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) Customer Service: Call **1-888-361-7526 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. The call is free. Messages received on holidays or outside business hours will be returned within one business day. You can also visit www.hpsj-mvhp.org.