

**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.

Documentation can be uploaded via DRE portal or sent via fax 209-461-2555 Attention: Claims Appeals.

**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](http://www.hpsj-mvhp.org).