Community Health Plan
OF IMPERIAL VALLEY | ADVANTAGE PLUS

Waiver of Liability Statement

The Waiver of Liability (WOL) only applies to non-contracted providers for Advantage Plus members. Non-contracted providers must include a signed Waiver of Liability form when filing a claims appeal. To ensure your appeal is processed promptly, please be sure to include the signed Waiver of Liability form with your submission. Appeals submitted without a signed Waiver of Liability form may experience delays in processing.

Enrollee ID Number:_____

Enrollee's Name:_____

Provider:_____

Date(s) of Service:_____

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