



Tribute Health Plans
PO Box 3630 | Little Rock, AR 72202
Phone: 877-372-1033 | Fax: 866-705-3652
SuperiorSelectMedicare.com

Waiver of Liability Statement

Enrollee's Name

Enrollee ID Number

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