



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 |
www.mytruadvantage.com

Waiver of Liability Statement

Enrollee Name

Enrollee ID Number

Provider

Dates of Service

MyTruAdvantage

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Y0150_4001_GA0027_C