



**MARTIN'S POINT™**  
HEALTHCARE

**GENERATIONS ADVANTAGE  
WAIVER OF LIABILITY FORM**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member ID Number

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider NPI #

\_\_\_\_\_  
Date(s) of Service

\_\_\_\_\_  
Service/Item Description

I hereby waive any right to collect payment from the above-mentioned member for the aforementioned services for which payment has been denied by the Generations Advantage health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR 422.600.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**Please return completed forms via fax or mail.**

**Fax:** 207-828-7874

**Mail:**

Martin's Point Health Care  
Attn: Appeals Specialist  
PO Box 8832  
Portland, Maine 04104-5040