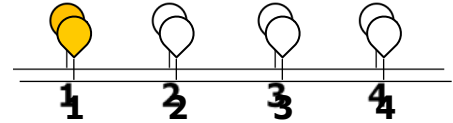




**Appeal Level: 1**



*[If information is needed from a provider, the plan should contact the provider to obtain the needed information. The plan may not put the onus on the Participant to obtain information that the plan may independently obtain.]*

## **NON-PARTICIPATING PROVIDER DISMISSAL FOR FAILURE TO SUBMIT WAIVER OF LIABILITY**

**Name:**

**Date of Notice:**

**Participant Number:**

*[Insert other identifying information, as necessary (e.g., provider name, Participant's Medicaid number, service subject to notice, date of service)]*

Dear <Non-Participating Provider name>,

On <date appeal received, orally or in writing> *[for expedited appeals insert: at <hour received>]* you, or someone acting for you, appealed the following action: *[Insert a brief description of the FIDA Plan action/IDT decision (e.g. denial, reduction, PCSP renewal, etc.) being appealed and the benefits involved.]*

### **We are Dismissing your Appeal for Failure to Submit a signed Waiver of Liability form**

All Non-Participating Provider Appeals must be accompanied by a signed Waiver of Liability form. The ICDN included instructions for submitting this as well as *[Insert either: <a copy of the required form> or can be downloaded from the Plan's website via this link:*

[http://centershealthcare.com/share/pdfs/CPHL\\_Uploads/waiver\\_of\\_liability\\_statement.pdf](http://centershealthcare.com/share/pdfs/CPHL_Uploads/waiver_of_liability_statement.pdf)].

Upon receiving your appeal without the signed Waiver of Liability form, we made the following attempts on the following dates to reach you and request submission of the signed form:

CY2017 Non-Par Provider Dismissal No WOL-A9NPP\_20171114

