

**Waiver of Liability Statement for  
Appeal by FIDA Non-Participating Provider**

\_\_\_\_\_  
Participant ID number

\_\_\_\_\_  
Claim ID Number

\_\_\_\_\_  
Participant Name

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

\_\_\_\_\_  
Dates of Service

\_\_\_\_\_  
Name of FIDA 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 Medicare rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and position of person signing

GuildNet Gold Plus FIDA Medicare-Medicaid Plan is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

Participants generally must use network pharmacies to access their prescription drug benefit.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

You can get this information for free in other languages. Call 1-800-815-000 and TTY users call 711 during Monday through Sunday, 8am to 8pm. The call is free.

Usted puede obtener esta información en otros idiomas gratis. Llame al 1-800-815-0000 o TTY/TDD al 711, de lunes a domingo de 8am a 8pm. La llamada es gratis.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by GuildNet Gold Plus FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at [icannys.org](http://icannys.org). (TTY users call 711, then follow the prompts to dial 844-614-8800.)