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:  
Participant Number:  

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

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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.]

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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].

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:

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CY2017 Non-Par Provider Dismissal No WOL-A9NPP_20171114
You may appeal again

Appeals Contact Information:

Phone ................................................. <phone number>
Regular Mail ........................................... <address> <city, state zip>
Fax ............................................................ <fax number>
Delivery in Person................................. <address> <city, state zip>

[Plans must send a copy of this notice to relevant parties (e.g. representative, etc.) and include the following text:]
A copy of this notice has been sent to: <name>
  <address>
  <phone number>