



**For plans underwritten by Rocky Mountain HMO
or Rocky Mountain HealthCare Options, Inc.**

Waiver of Liability/Advance Beneficiary Notice for Upgrading Equipment

Your health care plan will only pay for durable medical equipment (DME) that it determines to be “reasonable and necessary.” Rocky Mountain Health Plans (RMHP) believes that the DME described below exceeds what is reasonable and necessary for your needs. RMHP and your DME vendor understand that you nonetheless wish to obtain the DME even though the DME exceeds what RMHP considers reasonable and necessary.

By signing this **Waiver of Liability/Advance Beneficiary Notice**, you agree to pay your vendor for the difference between the DME your health plan believes is reasonable and necessary and the DME as described below in this **Waiver of Liability/Advance Beneficiary Notice**.

Your health plan will reimburse your vendor (less contractual copayments, coinsurance, and deductibles paid by you) for the DME without upgraded features. The DME without the upgraded features effectively meets your medical needs and is as available to you as the upgraded DME that you wish to obtain.

Manufacturer of upgraded DME: _____

Model name and number of upgraded DME: _____

Manufacturer’s suggested retail price for the upgraded DME: _____

Your vendor’s usual and customary charge for the upgraded DME: _____

The estimated charge for the DME without upgraded features: _____

Your estimated out-of-pocket cost for the DME without upgraded features: _____

The estimated charge for the upgraded DME: _____

Your estimated out-of-pocket cost for the upgraded DME: _____

You agree to pay directly to your vendor the difference between the estimated out-of-pocket cost for the upgraded DME and the estimated out-of-pocket cost for the DME without upgraded features. Within 30 of your receipt of the upgraded DME, you may return the upgraded DME to your vendor and exchange the upgraded DME for DME without upgraded features. Your vendor will then return to you any payments you have made for the upgraded portion of the DME.

Signature of Beneficiary Date RMHP Member ID Number