

WAIVER

SUPREME COURT OF THE UNITED STATES

18-613

Supreme Court Case No. _____

W.A. Griffin, M.D.

(Petitioner)

Aetna Health, Inc. and Coventry Health Care of Georgia, Inc.

v.

(Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate boxes:

Please enter my appearance as Counsel of Record for all respondents.

There are multiple respondents, and I do not represent all respondents. Please enter my appearance as Counsel of Record for the following respondent(s):

I am a member of the Bar of the Supreme Court of the United States.

I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member.

Signature _____

Date: November 27, 2018

(Type or print) Name Jennifer A. Adler

Mr. Ms. Mrs. Miss

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A COPY OF THIS FORM MUST BE SENT TO PETITIONER'S COUNSEL OR TO PETITIONER IF *PRO SE*. PLEASE INDICATE BELOW THE NAME(S) OF THE RECIPIENT(S) OF A COPY OF THIS FORM. NO ADDITIONAL CERTIFICATE OF SERVICE IS REQUIRED.

CC: W.A. Griffin, M.D., 550 Peachtree Street, Suite 1490, Atlanta, Georgia 30308