



Claims/Provider Waiver Form

The Claims Waiver process will be followed in the instance when a Network Provider is unable to provide a medically necessary treatment. This is valid only if you must travel more than 50 miles from your home zip code to obtain care from a Network Provider. Note, if there is a Network Provider within a 50 mile radius of your home zip code, they MUST be used to obtain the highest benefit level. Such request will not be retroactive and will need to be made prior to services being rendered. In these instances, the intention is that the claimant will not be adversely affected in benefit level.

Please complete and submit this form to initiate a review of your specific situation to determine if your request meets the Plan's criteria to waive the standard Plan provisions.

Subscriber/Employer Information:

Subscriber Name: _____

Subscriber Date of Birth: _____

Employer Name: _____

Patient Information:

Patient Name: _____ Patient Date of Birth: _____

Patient Home Address: _____

Requested Provider Waiver Information:

Provider Name: _____ Provider Specialty: _____

Provider Address: _____

Provider Phone Number: _____

Provider Federal Tax Identification Number: _____

Referring Provider Name and Phone Number: _____

Treating Diagnosis: _____

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Brief Description of why waiver is being requested: _____

I hereby confirm that the information contained herein is correct and I give authorization to the provider noted above to discuss my case with Self Insured Plans LLC, if necessary:

Signature Patient: _____
Signature of Parent/Guardian of minor under age 18: _____
Date: _____

Upon Completion, please mail/email/fax form to:
Self Insured Plans LLC- Claims Supervisor
14710 Tamiami Trail N., Suite 201
Naples, FL 34110
Secure Email: customerservice@selfinsuredplans.com
Secure Fax: (239) 403-9028

Note: You will receive a written response to your request within 15 days of SIP receiving such request. If approved provider waivers are valid only for a 6 month period at a time, if an extension is needed past the 6 month a written request must be received prior to the expiration listed on your original approval. Please note provider waivers will not be retroactive.