Rocky Mountain Human Services
9900 Iliff Ave. Denver CO 80022

Private Insurance Exemption Request

Please complete this form and send in a HIPAA secure format to Eligibility@rmhumanservices.org prior to invoicing RMHS. Exemptions will only be considered for commercial insurance plans. You will be contacted if your exemption is not approved. Further details about insurance exemptions can be found in the Provider Manual.

Patient Name:

DOB:

Date Form Completed:

Provider Agency:

Provider Name(s):

Insurance Carrier:

Member ID:

Secondary Coverage (if applicable):

Network Status: Please Select...

IFSP Service	Exemption Reason
	Please Select...
	Please Select...
	Please Select...
	Please Select...

Insurance Benefit Verification Details: Please verify and record below the private insurance benefits that correspond with the exemption reason you are seeking. Benefits should be verified according to your in or out of network status. Benefit verification tips are available on the El Colorado Billing Padlet. https://padlet.com/beth_cole/8874dp04byg0

Individual Deductible Amount:

Individual Deductible Amount Remaining:

Family Deductible Amount:

Family Deductible Amount Remaining:

Is Deductible Expected to Be Met?: Please Select...

Is Prior Authorization Required?: Please Select...

Are You Able to Obtain Prior Authorization?: Please Select...

Who Will Payment be Issued To?: Please Select...

Are Services Covered?: Please Select...

If Untimely Response, List Date of Submission:

Notes/Comments:

***Required:**
Date Benefits Verified:

Call Reference Number
(or attach online verification):

To Be Completed By RMHS:
Insurance Exemption: Please Select...
Denial Reason:
Insurance Exemption Date Range:
Review Date:
Review Staff Initials: