RMHS
Rocky Mountain Human Services

Out-of-Network Private Insurance Exemption Request

Please complete this form and send in a HIPAA secure format to Eligibility@rmhumanservices.org prior to invoicing RMHS. Billing will not be processed if an exemption is submitted after invoicing, and resubmission may be needed. Exemptions will only be considered for commercial insurance plans. Exemption requests must be resubmitted if there is a change in insurance, providers, or provider network status. A new request must also be submitted for children participating in Extended Part C past their 3rd birthday. Further details about insurance exemptions can be found in the Provider Manual.

Patient Name: _____ Patient Date of Birth: _____

Insurance Carrier: _____ **Member ID:** _____

Secondary Coverage (If Applicable): _____

Provider Agency: _____

Provider Name	IFSP Service	Requested Start Date	Justification for Retro Request (If Applicable)

I attest that the above provider(s) are not in-network with this child's private insurance plan and attempting to submit claims will cause an undue administrative or financial burden. I understand that I must complete a new attestation for a private insurance exemption if there is a change in provider, a change in insurance, or a change in provider network status. I also understand that I am responsible for confirming a child's insurance coverage at each visit and notifying the assigned Service Coordinator of any changes to the child's insurance coverage.

Provider or Representative Name: _____

Date of Attestation: _____

Additional Notes (If Applicable):

_____

To Be Completed By RMHS:

Insurance Exemption: _____

Denial Reason: _____

Insurance Exemption Date Range: _____

Review Date: _____

Review Staff Initials: _____