

Public Employees Insurance Agency
Out-of-State Waiver Form



Policyholder's Full Legal Name _____ Policyholder ID# _____

Address _____

City _____ State _____ Zip Code _____

Patient's Name _____ Date of Service _____

Reason for use of non-network provider: _____

Is the patient covered by any other medical insurance plan? Yes No

If yes, you must submit these expenses to your other insurance carrier first. PEIA will need copies of the Explanation of Benefits (EOBs) from your "other" insurance carrier, as well as the EOBs from HealthSmart. Claims for services related to non-network providers cannot be processed without this information.

In order to process this waiver request, you must submit the balance bill from your provider of service with the EOBs. If the balance bill is not received, your waiver will be denied.

I certify that the above is correct and that I am claiming benefits only for charges incurred by the patient named above. I further authorize the release of any medical information necessary to process this waiver.

Signature _____ Date _____

Mail completed form to:
Public Employees Insurance Agency
601 57th St., SE, Suite 2
Charleston, WV 25304-2345