

## OUT OF STATE NON-PARTICIPATING HEALTH CARE PROVIDER WAIVER FORM

**Purpose:** This form is intended for submission by a member or a member's authorized representative. If you cannot complete this form online, please fill out the PDF form below. If form is completed by an authorized representative, they must attach the Authorized Representative Form. Please note, the form may not be filled out by a provider. \*Indicates required field

| MEMBER INFORMATION             |            |        |                       |           |
|--------------------------------|------------|--------|-----------------------|-----------|
| Member Name (First)*           |            | (M.I.) | (Last)*               |           |
| Date of Birth*                 | Member ID* |        | Contact Phone Number* |           |
| Residential Address*           |            |        | City*                 | State*    |
| Mailing Address (if different) |            |        | City                  | State     |
|                                |            |        |                       | Zip Code* |
|                                |            |        |                       | Zip Code  |

| PROVIDER / FACILITY INFORMATION |  |   |            |
|---------------------------------|--|---|------------|
| Provider or Facility Name*      |  |   |            |
| Provider or Facility Address*   |  | City*   | State*     |
|                                 |  |   | Zip Code*  |
| Email Address*                  |  | Phone Number*   | Fax Number |
| Provider or Facility NPI        |  | <b>National Provider Identifier (NPI)</b><br>A unique identification number given to your provider. This can be found by asking your provider directly. |            |

### SERVICE INFORMATION

Please explain your request (what and why) \_\_\_\_\_

If service requires prior authorization, please include Procedure Code \_\_\_\_\_ and attach clinical documentation if available.

Reason for request: \_\_\_\_\_ Date of service / care: \_\_\_\_\_

By signing you agree that you are the member and are requesting this exception.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had an opportunity to verify whether you are consulting with a participating or in-state provider? If so, submitting a waiver would not be necessary. To review your options, please visit [BCBSWY.com/findadoctor/](http://BCBSWY.com/findadoctor/).

**Submission instructions:** If you would prefer to mail the form or you are attaching documentation, please print and mail to **Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003**. Otherwise, you may follow the instructions attached to securely upload the form to the message center. Once submitted, you will receive a letter with the approval or denial of the waiver. If service is within 15 days, you will receive a call or email.

# Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

**Online:** Download the form and fill it out in the free Adobe Reader ([get.adobe.com/reader](http://get.adobe.com/reader)) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

## Submission:

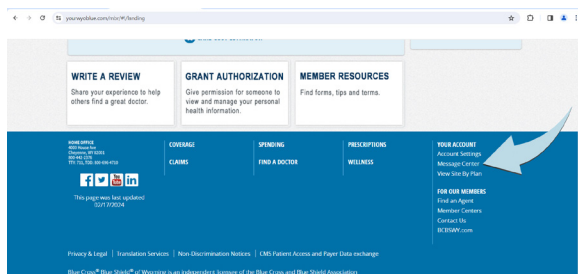
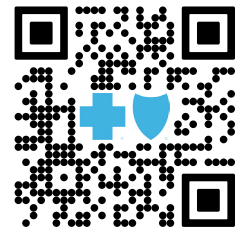
**BY MAIL** – Print and mail the completed form to:  
*Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.*

**BY EMAIL** – Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

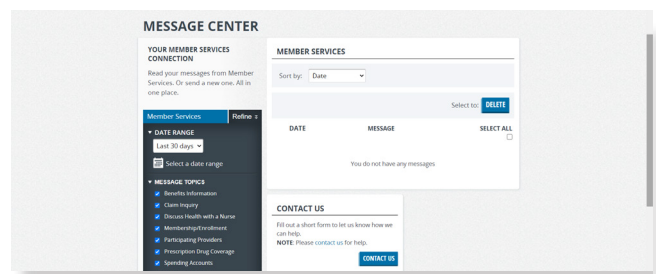
**BY SECURE UPLOAD** – Follow the directions below to securely upload your form to the Message Center at [YourWyoBlue.com](http://YourWyoBlue.com) ([www.yourwyoblue.com](http://www.yourwyoblue.com)). Click the link or scan the QR code.

After logging in to your [YourWyoBlue.com](http://YourWyoBlue.com) account, and going to the Message Center:

- STEP 1**  
Click on the **CONTACT US** button near the bottom of the page.
- STEP 2**  
Select the plan the form applies to from the list in the **CONTACT US** panel.
- STEP 3**  
Select General–Other as the **Message Topic**.
- STEP 4**  
Include any message in the **Questions & Comments** box.
- STEP 5**  
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.
- STEP 6**  
Fill in remaining information (\*Phone number, \*Best time to call, and \*May we leave a message...?)
- STEP 7**  
Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View