

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* Zip Code*
Mailing Address (if different)			City	State 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		National Provider Identifier (NPI) 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: _____

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/](https://www.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

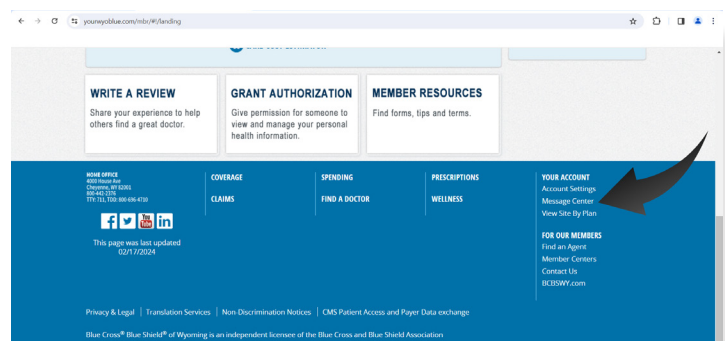
Please either:

- i) Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or
- ii) Fill out the form online and then download it to your device. You may also have received the form by another means. Once complete, log into YourWyoBlue.com and go to the Message Center (www.yourwyoblu.com/msg). Follow the directions below.

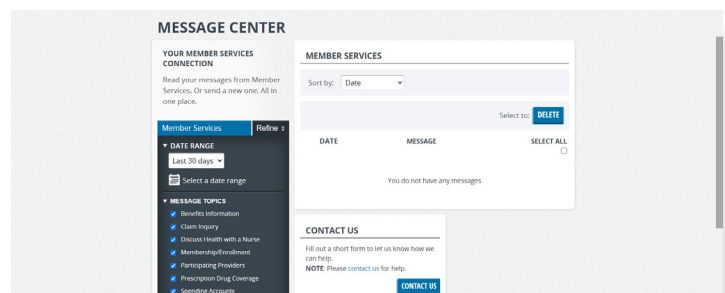


Submitting a Form in the Message Center

1. Click on the **CONTACT US** button near the bottom of the page.
2. Select the plan the form applies to from the list under **CONTACT US** panel.
3. Select **General-Other** as the Message Topic.
4. Include any message in the Questions & Comments box.
5. Click on the paperclip icon next to **Attach file** and attach the completed form from its location on your device.
6. Fill in the remaining information (*Phone number, *Best time to call, and *May we leave a message if you are not available?)
7. Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View