



# MEDICAL MUTUAL®

## Bon Secours Mercy Health Network Exception Waiver

- An exception is available only for services not obtainable in the Bon Secours Mercy Health and Tier 2 networks.
- This form must be filled out and submitted to Medical Mutual before services are received from a provider who is not in network.
- Ensure that this form is filled out in its entirety and signed off by a physician in network.
- Submitting this form does not indicate coverage outside the network is approved. Medical Mutual will review the information submitted and communicate back to you the final determination based on the rules from the plan document.

Patient Information:	
Patient Name (Last, First)	Date of Birth (mm/dd/yyyy)
Mailing Address (Street, City, State, ZIP)	
Identification No. (from Medical Mutual ID Card)	Daytime Phone
Primary Physician or BSMH Provider Requesting This Waiver:	
Provider Name (Last, First)	Phone Number
Mailing Address (Street, City, State, ZIP)	
Provider Specialty	
Provider Signature	Date
Request for Care From Following Health System: (Select One)	
<input type="checkbox"/> Cleveland Clinic <input type="checkbox"/> King's Daughters Hospital in Ashland <input type="checkbox"/> The James Cancer Center in Columbus <input type="checkbox"/> The Ohio State University Wexner Medical Center	<input type="checkbox"/> Tucker Pavilion Child and Adolescent Treatment Center in Richmond <input type="checkbox"/> UC Health in Cincinnati <input type="checkbox"/> University Hospital Cleveland <input type="checkbox"/> Other
Requesting Waiver for the Following Physicians:	
Provider Name (1)	Provider Name (2)
Provider Specialty	Provider Specialty
Mailing Address (Street, City, State, ZIP)	Mailing Address (Street, City, State, ZIP)
Phone Number	Phone Number
Reason for Request:	
Detailed Description of Service (Please specify exact services being requested)	
CPT/HCPCS Code(s)	
Established Diagnosis	
ICD-10-CM Diagnosis Code(s)	

**Medical Necessity Statement and Documentation:**

The following documentation is enclosed:

- Treatment Plan       Operative Report       Diagnostic Testing Results       Progress Notes

Please provide any additional clinical information in support of this request:

Fully completed forms can be submitted to Medical Mutual:

Contracting Providers

Via Navinet (<http://navinet.force.com>)

Non Contracting Providers (Bon Secours Regions Only)

Fax:

1-800-586-4504

Mail:

Medical Mutual

Care Authorizations Department (MZ: 01-5B-3982)

2060 East Ninth Street

Cleveland, OH 44115-1355