

Electronic Claims Waiver Request

Request to submit paper claims



Effective Sept. 1, 2025, with the exception of member-submitted claims and other limited situations approved by waiver, Medical Mutual will no longer accept paper medical claims.

This Electronic Claims Waiver Request must be submitted for review by any provider who has sufficient reason(s) to be exempted from this process. This form will be reviewed, along with historical claims data. You will be notified by letter of our decision. Providers already submitting electronic claims will NOT receive a waiver.

Please complete all fields below, and email the form to NewClaims@MedMutual.com or mail it to Claims Department, P.O. Box 6018, Cleveland, OH 44101-4563

NOTE: An incomplete form will not be considered. If a waiver is granted, a review will be conducted annually.

Provider details - Please complete all fields. Additional notes may be provided on a separate page.			
Provider Name	National Provider Identifier (NPI)		Tax-ID
Provider Address	City	State	Zip
# of Paper Claims Submitted in Last 12 Months (estimate)		# of Paper Claims Expected to Submit in Next 12 Months (estimate)	
Reason for Request to Submit Paper Claims (please attach separate documentation if necessary)			
Contact Name	Contact Title		Contact Phone

FOR OFFICE USE ONLY		
Date Form Received	Date of Committee Review	
Decision		
Approved/Denied By	Date Provider Notified	Date Added as Exception to Electronic Process