

Increased Domestic Coverage Limits Application Instructions

1. Applications will not be processed until all requested information is provided.
2. There is no duration limit for faculty physicians.
3. Each resident application is limited to a maximum of 60 days and to a maximum of 93 days in one fiscal year (same as enrollment year).
4. Billing will be for a minimum of 30 days.
5. Resident & Clinical Fellow applications require the GME Office's PLANet authorized representative's signature.
6. A signed copy of the Department Chair approval letter must be attached for all applications.
7. Complete applications should be sent via e-mail attachment with subject line to include applicant name "(name) Increased Domestic Coverage Limits Request" to aevans@utsystem.edu with cc to ksmith@utsystem.edu
8. For any other questions contact Allene Evans at aevans@utsystem.edu or 512-499-4630.

Note: A database is being developed that will replace this procedure in the future.

Increased Domestic Coverage Limits Application

(Residents and Fellows only. Separate application and restrictions for Faculty.)

Applicant Information

Name: _____, _____
Last name *First Name* *Middle*

Institution: _____ PLID _____

License # _____ Expiration Date _____

Applicant Status: _____ Resident _____ Fellow
_____ Resident PGY level

_____ GME Office PLANet rep. signature (Residents/Fellows only)

Department/Program Specialty (i.e., division if applicable):

/

Domestic Facility Information

Facility Name: _____

City: _____

County: _____ State: _____

_____ Beginning Date _____ Ending Date
(Out-of-state coverage for Residents is limited to 30-day, or 60-day rotations with no more than 93 days per fiscal year.)

Excess Coverage Requested

_____ \$200,000 / \$600,000 *(residents only)*

_____ \$1 million / \$3 million *(faculty/residents)*

_____ \$2 million / \$5 million *(faculty/residents)*

_____ Department Chair approval *(must be attached)*

UT System use only:

Risk Class _____ Mnthly Prem _____ Lmt Factor _____ Terr/Grp /Relat _____ / _____ / _____ Due \$ _____