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 $___________