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

Applicant Information

Name: ____________________________,  ____________________________  ____________________________
                   Last name       First Name       Middle

Institution: ____________________________  PLID ____________________________  

License # ____________________________  Expiration Date ____________________________

Applicant Status:   ___ Faculty/Staff   ___ 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
der 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 $__________