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
(Form for Faculty only, specific location, set# days)

Applicant Information

Name: ________________________________

Last name: ____________________________

First Name: __________________________

Middle: _____________________________

Institution: __________________________

PLID: _______________________________

License #: ___________________________

Expiration Date: ______________________

Applicant Status: ___Faculty/Staff ___Fellow

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

Domestic Facility Information

Facility Name: ____________________________

City: __________________________________

County: ________________________________

State: __________

Beginning Date: __________

Ending Date: __________

(The 93 days per fiscal year limitation has been removed for faculty.)

Excess Coverage Requested

___ $1 million / $3 million (faculty)

___ $2 million / $5 million (faculty)

___ Department Chair approval (must be attached)

UT System use only:

Risk Class ______ Mnthly Prem ________ Lmt Factor ________ Terr/Grp /Relat ________ / ______ / _________ Due $ ____________