

## **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](mailto:aevans@utsystem.edu) with cc to [ksmith@utsystem.edu](mailto:ksmith@utsystem.edu)
8. For any other questions contact Allene Evans at [aevans@utsystem.edu](mailto: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 \$ \_\_\_\_\_