

**Public Employees Insurance Agency  
Discount Waiver Request Form**



PEIA Policyholder \_\_\_\_\_ Policyholder ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date of Service \_\_\_\_\_

Reason for use of non-network provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the patient covered by any other medical insurance plan? Yes  No

If yes, you must submit these expenses to your other insurance carrier first. PEIA will need copies of the Explanation of Benefits (EOBs) from your "other" insurance carrier, as well as the EOBs from HealthSmart (formerly Wells Fargo TPA). Claims for services related to non-network providers cannot be processed without this information.

In order to process this waiver request, you must submit the balance bill from your provider of service with the EOBs. If the balance bill is not received, your waiver will be denied.

I certify that the above is correct and that I am claiming benefits only for charges incurred by the patient named above. I further authorize the release of any medical information necessary to process this waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:  
Public Employees Insurance Agency  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0710**