Michigan Conference of
Teamsters Welfare Fund
2700 Trumbull Avenue
Detroit, Michigan 48216
www.mctwf.org

NON-ACCESS EXEMPTION APPLICATION

Patient Section	
Participant's Name	Participant's Contract Number
Patient (if same as participant, state same)	Patient's Address
Patient's Relationship to Participant ☐ Dependent Spouse ☐ Dependent Child ☐ Self	

The above patient wishes to apply for an exemption from network requirements so that he/she may be allowed to receive treatment from the below out-of-network provider. It is the patient's contention that there are no in-network providers of the noted below type within the prescribed distance from the patient's home (25 miles for orthodontics, 50 miles for medical specialists and 20 driving miles for all other below listed types).

Provider Section		
Provider Name	Provider Address	
Provider Phone Number	Provider Tax ID No.	Proposed Date of Service
Type of Provider ☐ Family Practice ☐ Dentistry ☐ General Practice ☐ Gynecology ☐ Internal Medicine ☐ Medical Specialist type_____ ☐ Obstetrics ☐ Orthodontics ☐ Pediatrics		
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