



# CalPERS PPO Qualifying Out-of-Area ZIP Codes Exception Form

Email completed form to [CalPERSClaims@blueshieldca.com](mailto:CalPERSClaims@blueshieldca.com). For assistance completing this form, call Included Health at (855) 633-4436. If there are no in-network providers within 50 miles of your home or workplace, please complete this form early to get prior authorization to see an out-of-network provider near you. Applicable to CalPERS Gold and Platinum PPO members within the qualifying ZIP codes when an in-network provider is not available within a 50-mile radius of your home or workplace.

## Important instructions

- Submit form at least **five days** prior to services being rendered.
- Use a separate form for:
  - Each member of the family.
  - Each different provider of service.
- Print or type your responses in the spaces below.
- Fill in all items completely. All fields are required.
- Sign your name in the space provided.
- **Errors on this form may result in your claim being delayed or denied.**
- The following ZIP codes are considered out of area:

County	ZIP codes
Humboldt	95556
Inyo	92328, 92384, 92389, 93513, 93514, 93515, 93522, 93526, 93530, 93545, 93549
Modoc	96108
Mono	93512, 93517, 93529, 93541, 93546, 96107, 96133
Riverside	92239
San Bernardino	92242, 92267, 92280, 92309, 92319, 92323, 92332, 92364, 92366, 93562
Siskiyou	95568, 96023, 96039, 96058, 96086, 96134

## Member/patient information

First name	Last name	
Member ID Number	Date of birth	
Street address		
City	State	ZIP code

## Provider information

Name of provider to be used	Anticipated date of first service	
Address		
City	State	ZIP code
Phone number	Tax ID and/or NPI (required)	

**Member or legal guardian signature**

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By submitting this form, I am certifying that an in-network provider is not available within a 50-mile radius of my home or workplace.

I certify that the above information is accurate and complete, and authorize the release of any medical information necessary to process this claim.

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Signature (written or typed)

Date

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Print name

Relation to member

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