

Insurance Department

**Request for Fee Waiver
With External Review Request Form**

The request for external review requires the payment of a filing fee of fifteen dollars (\$15.00) made payable to the Wyoming State Treasurer. This fee may be waived for indigent persons who complete this Request for Fee Waiver and provide adequate proof of financial hardship.

Any person whose adjusted gross income is below the Federal Poverty Guidelines set forth below shall be granted a fee waiver.

Persons in family	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

For families with more than 8 person, add \$4,160 for each additional household member.

Certification of Qualification for Fee Waiver.

I, _____, hereby certify that I am the patient filing an external review request form to review the decision of my insurance company to deny a claim as not being medically necessary. I further certify that based on the above income guidelines I qualify as an indigent person to have the fifteen dollar (\$15.00.) filing fee waived. Submitted herewith is a copy of my or my household's most recent income tax return as filed with the Internal Revenue Service.

Signed this _____ day of _____, 20 ____.

Patient/Covered Person