

# Electronic Claims Waiver Request

## Request to submit paper claims



Effective Sept. 1, 2025, with the exception of member-submitted claims and other limited situations approved by waiver, Medical Mutual will no longer accept paper medical claims.

This Electronic Claims Waiver Request must be submitted for review by any provider who has sufficient reason(s) to be exempted from this process. This form will be reviewed, along with historical claims data. You will be notified by letter of our decision. Providers already submitting electronic claims will NOT receive a waiver.

Please complete all fields below, and email the form to [NewClaims@MedMutual.com](mailto:NewClaims@MedMutual.com) or mail it to Claims Department, P.O. Box 6018, Cleveland, OH 44101-4563

**NOTE: An incomplete form will not be considered. If a waiver is granted, a review will be conducted annually.**

| Provider details - Please complete all fields. Additional notes may be provided on a separate page. |                                    |   |               |
|---|------------------------------------|---|---------------|
| Provider Name   | National Provider Identifier (NPI) |   | Tax-ID        |
| Provider Address  | City                               | State   | Zip           |
| # of Paper Claims Submitted in Last 12 Months (estimate)  |                                    | # of Paper Claims Expected to Submit in Next 12 Months (estimate) |               |
| Reason for Request to Submit Paper Claims (please attach separate documentation if necessary)       |                                    |   |               |
| Contact Name  | Contact Title                      |   | Contact Phone |

| FOR OFFICE USE ONLY |                          |   |
|---------------------|--------------------------|---|
| Date Form Received  | Date of Committee Review |   |
| Decision            |                          |   |
| Approved/Denied By  | Date Provider Notified   | Date Added as Exception to Electronic Process |