Date: _____

# NAVAL HOSPITAL OAK HARBOR
## Exception to Policy Waiver for TRICARE Prime Enrollment

From: Enrollment Manager, Naval Hospital Oak Harbor

To: Commanding Officer, Naval Hospital Oak Harbor

Please review for approval this waiver for the selected family members to be enrolled with the network provider listed below.

_____ requesting _____
Family Member's Name Provider's Name

_____
Provider's Address

_____ requesting _____
Family Member's Name Provider's Name

_____
Provider's Address

_____ requesting _____
Family Member's Name Provider's Name

_____
Provider's Address

Sponsor's Name: _____ Sponsor's DOD IDN: _____

Reason for exception to policy (Use back of form if necessary):

Signature: _____ Phone #: _____

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Comments from the Commanding Officer, Naval Hospital Oak Harbor:

**Approved / Disapproved** _____ _____
Commanding Officer, Naval Hospital Oak Harbor Date

Updated Jan 2014