



APPLIED MEDICO-LEGAL SOLUTIONS RISK RETENTION GROUP, INC.

INSURANCE VERIFICATION or CLAIMS HISTORY REQUEST

Please attach this form for all requests.

Today's Date: _____

Please Check One:

- Credentialing Request (Insurance Verification & Claims History) **Hospital Credentialing Requests**, to include verification of insurance and/or claims history (with release attached) should be sent to: credentialing@amsrrg.com
- Loss Run (For Renewal Purposes) should be sent to Melissa Carty: mcarty@bpmp.com
- Insured Broker Other _____

1. Requester: _____
2. Requester's Email: (REQUIRED) _____
3. Requester's Telephone Number: _____
4. Name of Insured: _____
5. AMS Policy Number: _____
6. Policy Inception Date: _____
7. Policy Expiration Date: _____

Additional Notes:

Produced By:

AMS management group