



APPLIED MEDICO-LEGAL SOLUTIONS RISK RETENTION GROUP, INC.

CREDENTIALING/LOSS RUN REQUEST

Please Check One: Credentialing Request (Insurance Verification & Claims History)
 Loss Run

1. **Requester:** _____

2. **Requester's Email:** _____

3. **Requester's Telephone Number:** _____

4. **Name of Insured:** _____

5. **Policy Number:** _____

6. **Policy Inception Date:** _____

7. **Policy Expiration Date:** _____

8. **Person Making Request:**
 Insured Broker Other _____

Please submit your request to credentialing@amsmanagementgroup.com

Please attach this form for all requests.

Additional Notes:

Produced By:

