



APPLIED MEDICO-LEGAL SOLUTIONS
RISK RETENTION GROUP, INC.

INSURANCE VERIFICATION/CLAIMS HISTORY 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 _____

Hospital Credentialing Requests, to include verification of insurance and/or claims history (with release attached) should be sent to Erika Baer: ebaer@bpmp.com

Loss Run Requests for renewal purposes should be sent to
Cindy Black: cblack@bpmp.com

Please attach this form for all requests

Additional Notes:

Produced By:

