APPLIED MEDICO-LEGAL SOLUTIONS
RISK RETENTION GROUP, INC.

INSURANCE VERIFICATION or CLAIMS HISTORY REQUEST

Please attach this form for all requests & return to:
credentialing@amsrrg.com

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)

☐ Loss Run (For Renewal Purposes)

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:** _____

Insured Signature: _____

Signature Date: _____

Additional Notes:

AMS management group

Corporate Headquarters: 25 SE 9th Ave., Ft. Lauderdale, FL 33301 tel: (800) 367-1337 fax: (954) 990-7607
Policy Administrative Office: 23 Route 31 North, Suite A-20, Pennington, NJ 08534 tel: (866) 461-1221 fax: (609) 737-1186
Claims Office: 101 E. Park Blvd, Suite 755, Plano, TX 75074 tel: (866) 520-6896 fax: (817) 704-4291