



MAGMUTUAL®

Authorization to Release Confidential Claim Information

This application **must be completed in full** and signed by the healthcare provider. Additional copies may also be obtained on our website at MDAdvantageonline.com. The completed application may be emailed to: claimsinfo@magmutual.com. Alternatively, a third party release form will be accepted with appropriate authorization. Please direct questions to our Service Team at 800-282-4882.

Medical Professional Liability Claim History Supreme Advantage Claim History Both

To whom should the claim history report be released?

Email to: _____
(Email address of company/facility to receive report)

Company/facility name: _____

Attention: _____ Dept: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Healthcare provider's name: _____
(Name of healthcare provider, typed or printed)

Account number: _____ or Policy number: _____

Name on Policy: _____

Healthcare provider's current mailing address:

_____/_____/_____/_____
Street/PO Box City State Zip Code

Phone number: _____ Email: _____

Medical license _____ NPI _____

Date of birth ___/___/____ Social Security Number: ___ - ___ - _____

I, _____, authorize the release of my claim history
(Name of healthcare provider, typed or printed)

to the organization indicated above, its designated agents, employees or representatives. I agree to indemnify and hold MDAdvantage, a MagMutual Company, harmless for any and all liability, expense or claims arising out of the release of this information.

My signature below authorizes the release of this physician claim history information. This authorization expires one year from the date signed.

Signature of named individual (NO STAMPED SIGNATURES ACCEPTED)

(Signature date **required**)

MDAdvantage, a MagMutual Company, and its representatives have taken reasonable steps to ensure the accuracy of the information in the report. Errors or omissions may occur due to the high number of requests and the volume of data involved. Independent verification with the healthcare provider is strongly recommended. The information provided in no way alters or supersedes any of the terms and conditions of the policy.