

# **Authorization to Release Coverage Verification/Claim History**

*Legibly complete in full for proper and prompt processing.  
Requests are processed in the order they are received. Typical processing time is 1 to 2 weeks.*

**Note: If you are seeking history for both MedPro and Princeton policies, you must provide all policy numbers.**

## **Complete to ensure processing of proper individual (all fields required):**

Practitioner's full name: \_\_\_\_\_

Current phone #: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy #(s): \_\_\_\_\_ Social Security #: \_\_\_\_\_ Medical license #: \_\_\_\_\_

## **Please send my report to (all fields required):**

Company name: \_\_\_\_\_

Attention to: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax # or email address(if you prefer instead of a mailed copy): \_\_\_\_\_

## **I authorize MedPro Group to release my claim/coverage history to the above entity.**

\_\_\_\_\_  
*Practitioner's Signature (NO STAMPED SIGNATURES)*

\_\_\_\_\_  
*Date (Required)*

**RETURN COMPLETED FORM TO: Fax # 609-452-2893 or Princeton Insurance Company, Claim History Request  
P.O. Box 5322, Princeton, NJ 08543-5322  
Phone # 609-452-9404**

*MedPro Group has taken reasonable steps to ensure that the information contained on the claim history report is accurate. However, due to the volume of data involved, the Company cannot guarantee that there may not be an occasional error or omission. We accept no responsibility for an inadvertent or unintentional mistake. We strongly recommend that the information provided be independently verified by the practitioners themselves before the requestor acts upon the information.*