



Request for Group Loss Run Report

This application must be completed in full and signed by an authorized individual. You may want to make copies of this form before it is completed so you have a supply for future or additional requests. Additional copies may also be obtained through our website at www.MDAdvantageonline.com. Direct questions to Policyholder Services at 888-355-5551.

There is a \$150 fee for a Loss Run Report. Mail the completed form and your \$150 check made payable to 'MDAdvantage' to:

MDAdvantage
Policyholder Services
Two Princess Road, Suite 2
Lawrenceville, NJ 08648-2382

NOTE: The Loss Run Report does NOT provide individual claim histories for each physician associated with the account. It contains the loss experience for the account as of a specified date.

To whom should the Loss Run Report be released?

Company/Facility name: _____

Attention: _____ Dept: _____

e-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Group/Practice: _____

Contact: _____

MDAdvantage policy number: _____

Name on Policy: _____

Current mailing address:

_____ / _____ / _____ / _____

Street/P.O. Box City State Zip Code

Phone number: _____ Fax number: _____

I, _____, authorize the release of the Loss Run Report
(Name of authorized individual)

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

My signature below authorizes the release of this Loss Run Report. This authorization expires in 30 days from the date signed unless another date is specified here _____.

Signature of named individual (NO STAMPED SIGNATURES ACCEPTED)

(signature date required)

MDAdvantage and its representatives have taken reasonable steps to ensure the accuracy of the information in this 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.