

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: NJ PURE _____

Attention to: Underwriting _____ Phone #: 877-265-7873 _____

Address: 214 Carnegie Center Suite 101 _____

City: Princeton _____ State: NJ _____ Zip Code: 08540 _____

Fax # or email address (if you prefer instead of a mailed copy): 609-520-0225 _____

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.