

*****SEND DIRECTLY TO YOUR MALPRACTICE
INSURANCE CARRIER*****

**STATEMENT OF AUTHORIZATION AND RELEASE
FROM LIABILITY TO MEDICAL LIABILITY PROVIDER**

(Name and address of Insurance Entity)

Re: Policy# _____

I, _____, am applying for appointment to the Medical Staff of Anderson Hospital and hereby authorize my carrier to release to the hospital all information regarding my claims history occurring from ******* to present**, but not necessarily limited to:

1. Judgments entered
2. Claims settled, and
3. Cases and lawsuits pending

**Please return this information to Anderson Hospital
6800 State Route 162, Maryville, IL 62062.
ATTENTION: Medical Staff Services, or FAX to (618) 288-2164
EMAIL: mso@andersonhospital.org**

In authorizing the release of such information to the hospital, I hereby release you from liability and indemnify you for acts performed in good faith and without malice in connection with supplying of this information needed for the processing my application for reappointment to Anderson Hospital's Medical Staff.

Provider Signature

Date

Anderson Hospital

6800 State Route 162

Maryville, IL 62062

P: 618-391-6140

F: 618-288-2164

TO: _____

The Medical Staff of Anderson Hospital, Maryville, Illinois requires each Medical Staff appointee and applicant to provide evidence of medical professional liability insurance coverage in the exact amounts of coverage per occurrence and per annual aggregate.

Please send a Certificate of Medical Liability Insurance or other documentation to Anderson Hospital verifying the class of my insurance, the exact limits of the coverage I have with your company, and claims history. I also authorize Anderson Hospital to verify specific privileges covered under my policy as well as any limitations of my coverage. If available, we have attached a copy of the policy for your convenience. **Please identify Anderson Hospital as the certificate holder on my policy.**

Signature

Date

Printed Name

Office Address

City

State

Zip

Home Address

City

State

Zip