



## Authorization to Release Coverage Verification/Claim History

Please complete the information below in its entirety and legibly for prompt processing.

**I am NOT a current insured of Conventus Inter-Insurance Exchange.** If the healthcare provider is no longer a Conventus member-insured, there is a **\$30 fee** for each healthcare provider (subject to a maximum \$100 fee on a Group Policy). Kindly include a **check or money order made payable to Conventus** which must accompany each request for processing.

**I am currently insured** by Conventus.

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

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

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

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

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

Policy #: \_\_\_\_\_ Medical license: \_\_\_\_\_ Last (4) digit of your Social Security No.

### 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 Conventus Inter-Insurance Exchange to release my claim/coverage history to the above entity.

My signature below authorizes the release of the claim history. The authorization expires in 30 days from the date signed unless another date is specified here \_\_\_\_\_.

\_\_\_\_\_  
Signature of Provider (NO STAMPED SIGNATURES)

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

**Fax or Mail Completed Form (and payment, if applicable) to: Conventus Inter-Insurance Exchange**  
900 Route 9 North, Suite 503  
Woodbridge, NJ 07095  
[Conventus@conventusnj.com](mailto:Conventus@conventusnj.com)  
Fax: (732) 791-9431 Phone: (877) 444-0484

Conventus 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.