

Malpractice Coverage & Claims History Verification Request

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

Letter and response form for a professional liability (malpractice) carrier, risk retention group, self-insured program or state patient compensation fund. Attach the practitioner's signed authorization and release, or the carrier's own consent form if it requires one.

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Date of request	
To (Credentialing / Claims History / Policy Services)	
Address / fax / secure email or portal	
From (organization)	
Contact name, title	
Phone / email for response	
Our reference #	
Please respond by (date)	

The practitioner named below has applied for appointment, privileges or participation with our organization and lists your company (or fund) as a current or past professional liability insurer. A signed authorization and release is attached. Please confirm coverage and provide the claims history (or attach your standard certificate of insurance and claims history / loss run report), and return it to the contact above. If you use an online request form or portal, or charge a fee, please tell us.

Information you provide will be kept confidential and used only for credentialing and peer review purposes, as permitted by applicable law and our policies.

Part 1 — Practitioner (completed by requesting organization)

Full name	
Other / former names	
Degree	
Specialty	

NPI	
State license # and state	
Date of birth / last 4 SSN (only if your carrier requires identifiers and your policy permits)	
Policy # (if known)	
Insured as: individual / group or entity policy (name of group)	
Coverage period reported by practitioner (MM/DD/YYYY – MM/DD/YYYY)	
Claims history requested for (e.g., past 5 or 10 years, or all years insured)	

Part 2 — Coverage verification (completed by carrier / fund)

Insurer / fund legal name	
Policy number	
Named insured(s)	
Policy period: effective date – expiration date	
Is the policy currently in force?	
Coverage type (claims-made / occurrence / other)	
Retroactive (prior acts) date, if claims-made	
Limits of liability: per claim / annual aggregate	
Specialty / classification insured	
Tail (extended reporting) coverage purchased or provided? Dates	
Patient compensation fund participation (if applicable): fund, dates, status	
Reason coverage ended (if no longer insured)	

Part 3 — Claims history (completed by carrier / fund)

List every claim, suit or incident reported for the practitioner during the period above, including open claims and claims closed without payment. Or check here ☐ No claims reported during the period.

Date of incident	Date reported	Allegation / description	Status (open / closed)	Date closed	Paid on behalf of practitioner? Amount	NPDB reported? (Y/N)

Part 4 — Other information

Question	Yes	No / details
Has coverage ever been denied, cancelled, non-renewed or surcharged for underwriting reasons?	☐	☐
Is there any pending claim or suit that is not listed above?	☐	☐
Are claims for this practitioner reported under another policy or entity (for example, a group policy)? If yes, name it.	☐	☐

If you answered "Yes" to any question, please explain or tell us whom to contact.

Explanation / whom to contact	
-------------------------------	--

Completed by (responding organization)

Name	
Title	
Organization / department	
Phone / email	
Signature	
Date completed	
Source used (e.g., official records, database)	

Please return this form with your organization's letterhead or official seal if that is your normal practice. Thank you for your assistance.

Requester checklist (internal)

- ☐ Request sent to every carrier that insured the practitioner during the look-back period
- ☐ NPDB query completed (paid claims) and compared with carrier histories
- ☐ Practitioner's disclosed claims reconciled with carrier reports
- ☐ Coverage limits compared with bylaws, payer contract or state minimums
- ☐ Date received, verifier name and result recorded in the credentialing file