

THIS FORM MUST BE COMPLETED AND SENT TO YOUR MALPRACTICE COMPANY

(Do not return to EmpowerChiro/Family Health America LC)

Date: _____

To: _____ (Name of Malpractice Insurance Company)

Please add the following company as a certificate holder on my professional liability policy:

Family Health America LC
Attn: Provider Relations
7309 E 21st St N Ste 110
Wichita KS 67206

AUTHORIZATION, ATTESTATION AND RELEASE

I authorize the investigation of and release to Family Health America LC (FHA) and its representative from any entity or third-party source, the following information: professional liability insurance, past and present, including coverage verification, a declaration page showing all applicable endorsements, claims history and certificate of insurance. Please name FHA as a certificate holder on my insurance policy. (As a certificate holder, FHA receives notification of any policy changes, i.e., cancellation or limit increases/decreases. FHA has no other rights in regards to the policy except to receive notification of any policy changes.) I release all persons/entities providing such information from any liability for doing so and agree that any information obtained for the credentialing/recredentialing process is not a violation of privacy. I hereby certify that the information provided by me is current, true, correct and complete to the best of my knowledge and belief, and is furnished in good faith.

SIGNATURE _____ DATE _____

PRINTED NAME _____

POLICY # _____