

Stanford Hospital and Clinics & Lucile Salter Packard Children's Hospital

Malpractice History Letter Request for SUMC Insurance Company Physicians

#570000026114

***PLEASE FILL OUT FORM COMPLETELY. ACTION CANNOT BE TAKEN UNTIL FORM IS COMPLETE AND SIGNATURES OBTAINED.**

Please complete the following sections to request a malpractice history letter for a SUMIT Insurance Company insured physician or health care provider. **Processing time can take up to 5 business days.** **For questions, call AON Risk Services at 1-808-533-4900.**

Dept. Contact Person (for questions): _____ Dept. Contact Extension: _____
Department _____ Fax: _____

Name of Provider for Whom Letter is Requested: _____

Dates of Service at SHC/LPCH : _____ Status: Faculty Fellow Resident

Period of Time for Malpractice History: start date ____/____/____ end date ____/____/____

Describe the Purpose for Which Letter is Requested : _____

Name and Address of Facility If Letter Is To Be Sent Directly by AON Risk Services:

(Name of Facility) (Contact person) (Phone #)

(Mailing Address) (City, State, Zip Code)

Provider: Please complete this section and send by fax to AON RISK SERVICES at 1-808-540-4301

My signature below grants access by AON Risk Services to my malpractice history under the SUMIT Insurance Company program. I understand that this information will be disseminated only as outlined by me below:

- Release Letter Directly to Requesting Facility (provide information above)
- Release Letter to _____

(Provider's Signature and Date)