

MICHIGAN STATE
UNIVERSITY

MEDICAL PROFESSIONAL LIABILITY INSURANCE VERIFICATION REQUEST

Office of Risk Management & Insurance
Olds Hall
408 W Circle Drive Rm 113
East Lansing, MI 48824
Phone (517) 355-5022
Fax (517) 432-3854
E-mail risk.management@ctrl.msu.edu

RE:	MSU Health Care Provider(s): _____
MAIL VERIFICATION TO:	Facility: _____ Attention: _____ Address: _____ _____ _____ _____
OR FAX VERIFICATION TO FACILITY AT:	FAX #: () _____
REQUESTED BY:	MSU Department: _____ Your Name: _____ Phone Number: () _____ FAX Number: () _____ Date: _____
REMARKS:	