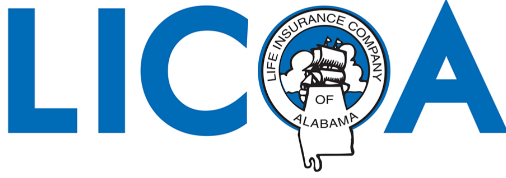

PO Box 349
Gadsden, AL 35902

Phone: 256-543-2022
Toll Free: 800-226-2371
Fax: 256-549-0070

MEDICAL PROVIDER AND EMPLOYER LIST

Policy Number: ______________________________
Claimant's Name:______________________________
Claimant's DOB: ______________________________

Please list all Medical Providers for the Claimant. You may use additional paper as needed.

Medical Provider and Employer Information

Employer Name	Address	Phone
Condition	Dates of Services	
Physician/Hospital Name	Address	Phone
Condition	Dates of Services	
Physician/Hospital Name	Address	Phone
Condition	Dates of Services	
Physician/Hospital Name	Address	Phone
Condition	Dates of Services	
Physician/Hospital Name	Address	Phone
Condition	Dates of Services	
Physician/Hospital Name	Address	Phone
Condition	Dates of Services	

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.