8000 NE Tillamook St • Portland, OR 97213

UNIVERSITY of Western States

Campus Health Center • Phone: 503-255-6771
Preceptor@uws.edu

CLAIMS HISTORY AUTHORIZATION

To *(check all that apply)***:**

☐ **National Chiropractic Mutual Insurance Co. (NCMIC)** submissions@ncmic.com	☐ **Lloyd's of London / Allied Professional Insurance Co. (APIC)** info@apicinsurance.com
☐ **Gulf Insurance / OUM** policyservices@picagroup.com	☐ **ChiroSecure / Coverys Specialty Insurance Co.** chiroclaims@coverys.com
☐ **Medical Protective Group** info@medpro.com	☐ **Medical Professional Liability / Llyod Bedford Cox, Inc.** info@lbcinc.com
☐ **College of Chiropractors of Alberta (CCOA)** office@theccoa.ca	☐ **College of Chiropractors of British Columbia (CCBC)** registration@chirobc.com
☐ **Canadian Chiropractic Protective Association (CCPA)** admin@ccpaonline.ca	

☐ **OTHER** (none of the above): please print all information below clearly:

Carrier Name: _____ Phone:_____
Address: _____ Fax: _____
_____ Email: _____
_____ _____

I hereby authorize you to release a claims history to:

Preceptor Coordinator
University of Western States
8000 NE Tillamook St
Portland, OR 97213

_____ _____
Doctor Signature Name Printed

_____ _____ _____
Date Phone Policy Number

_____
Street Address

_____
City, State, and Zip