

MICHIGAN STATE
UNIVERSITY

MEDICAL PROFESSIONAL LIABILITY INSURANCE VERIFICATION REQUEST

Office of Risk Management & Insurance
113 Olds Hall
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:	