



## Claim history opt-in form

Policyholders can now authorize TMLT to release their claim history *directly* to any hospital or credentialing organization requesting this information by enrolling in TMLT's Claim History Release Program.

To enroll, please complete and sign the form below and return it by fax to TMLT Underwriting at 512-425-5999. You can also mail the form to TMLT Underwriting Services, PO Box 160140, Austin, TX 78716-0140.

Questions? Please contact TMLT Underwriting Services at 800-580-8658.

I authorize TMLT to enroll me in the Claim History Release Program (*Program*) to be effective \_\_\_\_\_ . By enrolling in the *Program*, I give TMLT permission to release my Claim History on current and previous policies to any and all Hospitals & Credentialing Companies that request this information.

I understand my enrollment in the *Program* will continue until cancelled by me. I may terminate my participation in the *Program* at any time by submitting a verbal, written, or electronic request to TMLT.

Policy #: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

P.O. Box 160140 · Austin, Texas 78716-0140 · 901 Mopac Expressway South · Barton Oaks Plaza V, Suite 500 · Austin, Texas 78746-5942

512-425-5800 · 800-580-8658 · fax: 512-425-5999 · [www.tmlt.org](http://www.tmlt.org) · [www.tmic.biz](http://www.tmic.biz)

TMLT is the only health care liability claim trust created and endorsed by Texas Medical Association.

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