

Medical Professional Liability Insurance Verifications and Claims History Request Instructions

Please note: Our office (West Virginia University) verifies insurance for university faculty, residents, students, and employees. Requests for Advanced Practice Professional (APP to include NP, CRNA, PA-C) should be directed to Sunita Kellermeyer (WVU Medicine) sunita.kellermeyer@wvumedicine.org

Name of the Carrier: WV Board of Risk & Insurance Management
Policy Number: L0176

Please provide the following information in your request to include:

- Providers full name and credentials (MD, DO)
- Providers department or specialty
- Identify if the provider was/is a student, medical student, resident, fellow, or a faculty provider.
- Requesting facility/organization/agency name and email address of where the information is to be forwarded.
- Attach a signed authorization from the provider allowing our department to release this information to the requestor.