



Request for Risk Management Services

Medical Assurance Company of Mississippi

Risk Management Department

Name of Office/Practice: _____

Specialty: _____

Mailing Address: _____

Physical Address: _____

Name of Physicians: _____

(Use additional sheet _____

if necessary) _____

Contact Person: _____

Title: _____

Telephone/FAX: _____

E-Mail: _____

Please c\ccgY preferred day of week -

1st Choice: Monday Tuesday Wednesday Thursday Friday

2nd Choice: Monday Tuesday Wednesday Thursday Friday

3rd Choice: Monday Tuesday Wednesday Thursday Friday

Type of Service Requested:

_____ Office Survey _____ 9A F Survey

_____ Education Program for Office Staff

_____ Education Program for Physicians

_____ Other _____

Please **Mail or Fax** Completed Request Form to:

Medical Assurance Company of Mississippi

ATTN: Risk Management Department

404 W. Parkway Place

Ridgeland, MS 39157

Telephone: (601) 605-4882/(800) 325-4172/FAX: (601) 605-8849