



Account Access Information

CAP PRIVILEGES ONLINE

Hospital/Organization Contact Information

E-mail Address _____

Name of Hospital/Organization _____

Contact Person's Name and Title _____

Contact Person's Department _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Application for Authorization to Obtain Physician Coverage and Claim Information

The entity identified above hereby applies to receive direct, electronic access to certificates of coverage and claims histories for CAP physicians who receive medical professional liability protection through Mutual Protection Trust (MPT). These physicians are listed on the attached signed authorization forms.

Authorized Signature _____

Title _____

Date _____

Thank you for applying for enrollment. Actual enrollment is subject to agreement on terms and conditions to be specified in the online enrollment process. We will contact you shortly to confirm receipt of your application and to provide further details regarding accessing CAP Privileges Online.

Should you have any questions, comments or suggestions regarding CAP Privileges Online, please contact Rene Araiza, assistant manager, Membership Services, at 213-473-8614.