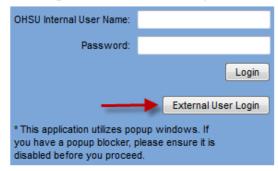
EXTERNAL REQUESTOR - Certificate of Insurance (Claim History Request System)

To request Liability Verification, Claims History or Certificate of Insurance go to https://www.ohsu.edu/risk/certificate/

Click External User Login - As an external requestor, you will always click External User Login to access the system.

Login for OHSU Internal Requestors:



Login for External Requestors:



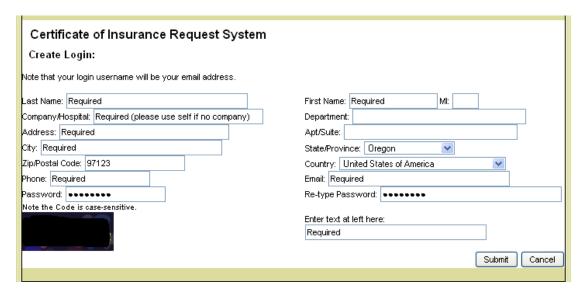
You will be taken to the Login Page for External Requestors

If this is the first time you are requesting documents, you will need to create a new Login. To do this, **Click Create New Login** — This will allow you to enter a saved login which will allow you to see all previous requests and allow you to track your current and previous requests. Your log in username will be your email address.

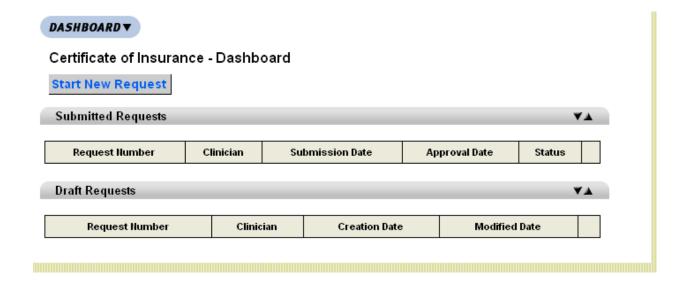
If you have already created a Login – Your user name is your full email. Your password will be the password you set up in when you created your login.

When you create a log in, you will need to complete the following information

before submitting your request:



Complete all fields noted as required above. Once you click submit you will be taken to your dashboard. If you have already created a log in you will be on your dashboard after you log in.

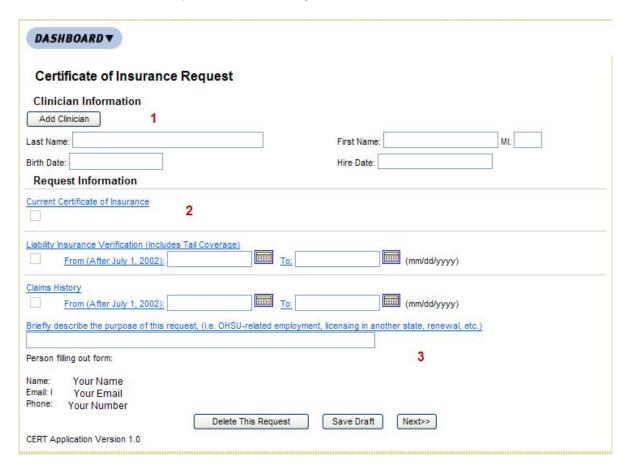


Entering a new request:

You will need to turn off your pop up blocker

Click Start New Request

You will be taken to the Request Information Page:



1 – click Add Clinician – A *pop up window will open for you to enter the Clinician's information* (Last Name, First Name and Date of Birth). These fields are required.

Edit Clini	cian				
	he name of the clinician you time they were employed b		o avoid a delay	in processing, please	use the last name of t
Last Name:	Required		First Name:	Required	MI:
Birth Date:	Required	(mm/dd/yyyy)	Hire Date:		(mm/dd/yyyy)
		Save	Cancel		

Once completed, click Save

Click search

The clinician information will auto-fill based on the information entered.

2 – Choose either:

Current Certificate of Insurance - A certificate will not be issued without a current Off Campus Authorization. If the provider does not have a current Off Campus Authorization the request will be returned to you with further instruction. **OR**

Liability Insurance Verification (includes Tail Coverage) – Start and end dates must be entered Claims History – Start and end dates must be entered

Briefly describe the purpose of this request – is this request for OHSU-related employment, licensing in another state, renewal, etc)

Click Next >> or Save Draft to come back to the request later

3 – Describe the purpose of the request.

Add Documents

Certificate of insurance request - Attach a formal request letter, or other document, relating to why a certificate is needed. This can include an email with explanation, a copy of the request for the certificate of insurance or a formal letter requesting a copy of the Certificate.

Liability Insurance Verification (includes Tail Coverage) – Attach a formal request letter, or other document, relating to why the verification is needed. This can include an email with explanation, a copy of a request for information or a formal letter requesting a copy of Insurance Verification.

Claims History – Attach a signed authorization from the provider to release a claims history. This can include an email from the provider requesting a copy of their claims history, a signed authorization or other document giving authorization to release a claims history.

Click Add New

*When the pop up window appears, you will be able to browse to the file to attach.

Click Add

Click Submit

You will receive an email from claimshistory@ohsu.edu confirming your submission.

Once your request(s) have been reviewed by Risk Management, you will receive an email from claimshistory@ohsu.edu with the requested document(s) or further instruction