

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P.O. BOX 8080
MCKINNEY, TX 75070-8080
214-544-5336 (fax)
custserv@libnat.com

MEDICAL PROVIDER HISTORY

Please provide us with the names and contact information for any medical providers which have treated you within the past 4 years. This should include primary care physicians, specialists and hospitals as well as any pharmacies you have used.

	Provider Name	Street Address	City	State	ZIP	Phone # (with area code)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____

If you need more room to list additional providers, please use a separate sheet.

Liberty National Life Insurance Company and I agree that this Medical Provider History may be electronically signed. By typing my name below, I hereby agree that my electronic signature shall have the same effect as if it were handwritten. Further, I hereby attest that the information given herein is true and accurate to the best of my knowledge, and I understand that any false, misleading or fraudulent information may subject me to civil or criminal liability.

Patient's Signature _____

Date _____

Insured's Signature _____
(If different than Patient)

Date _____

Policy # _____