

### Claim Status Report Registration Form

Agency Name:

Agency Address:

Agency Telephone Number:  Agency Fax Number:

Agency Contact Person:

Contact Telephone Number:  Contact Fax Number:

Contact/Agency Email Address:

Name of Agency Representatives *(Please print clearly. First Name, Middle Initial, Last Name)*

1.
2.
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10.

I understand it is the responsibility of this agency/firm to update the DDS concerning any additions or deletions from this list of authorized representatives.

I understand it is the responsibility of this agency/firm to update the DDS on any changes to contact information.

Failure to provide this information will result in cessation of the delivery of the status report.

Agency or Firm Management

Date