

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:

OHSU Internal User Name:

Password:



* This application utilizes popup windows. If you have a popup blocker, please ensure it is disabled before you proceed.

Login for External Requestors:

User Name:

Password:

* This application utilizes popup windows. If you have a popup blocker, please ensure it is disabled before you proceed.

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:

Certificate of Insurance Request System

Create Login:

Note that your login username will be your email address.

Last Name: Required

Company/Hospital: Required (please use self if no company)

Address: Required

City: Required

Zip/Postal Code: 97123

Phone: Required

Password:

Note the Code is case-sensitive.

First Name: Required MI:

Department:

Apt/Suite:

State/Province: Oregon

Country: United States of America

Email: Required

Re-type Password:

Enter text at left here:
 Required

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.

Certificate of Insurance - Dashboard

[Start New Request](#)

Submitted Requests ▼▲

Request Number	Clinician	Submission Date	Approval Date	Status	
----------------	-----------	-----------------	---------------	--------	--

Draft Requests ▼▲

Request Number	Clinician	Creation Date	Modified Date	
----------------	-----------	---------------	---------------	--

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:

DASHBOARD ▼

Certificate of Insurance Request

Clinician Information

[Add Clinician](#) **1**

Last Name: First Name: MI:
Birth Date: Hire Date:

Request Information

[Current Certificate of Insurance](#) **2**

[Liability Insurance Verification \(includes Tail Coverage\)](#)
 From (After July 1, 2002): To: (mm/dd/yyyy)

[Claims History](#)
 From (After July 1, 2002): To: (mm/dd/yyyy)

[Briefly describe the purpose of this request, \(i.e. OHSU-related employment, licensing in another state, renewal, etc.\)](#)

Person filling out form: **3**

Name: Your Name
Email: Your Email
Phone: Your Number



[Delete This Request](#) [Save Draft](#) [Next>>](#)

CERT Application Version 1.0

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 Clinician

Please enter the name of the clinician you are inquiring about. To avoid a delay in processing, please use the last name of the clinician at the time they were employed by OHSU.

Last Name:	<input type="text" value="Required"/>	First Name:	<input type="text" value="Required"/>	MI:	<input type="text"/>		
Birth Date:	<input type="text" value="Required"/>		(mm/dd/yyyy)	Hire Date:	<input type="text"/>		(mm/dd/yyyy)

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