

Best Practice Help Line | Request & Acknowledgement

All sections of this form must be agreed to and signed before services are rendered.
Completed forms should be faxed to 918.712.5965 or emailed to BPHL@mccalmon.com.

GENERAL INFORMATION:

Caller's name:		Carrier:	
Title:		Policy #:	
Organization:		Insurance Agent:	
Phone # of Caller:		Agent Phone#:	
Email Address of Caller:*		To verify that you are a current policy holder of an approved carrier for this service, The McCalmon Group may call the carrier or your insurance agent for verification.	
* Email Address is REQUIRED for Time & Date Notification		<input type="checkbox"/> I UNDERSTAND	

Phone #	Extension	Date	Time (EST)	Acceptable Dates & Times Schedule Information <i>Please provide a minimum of three acceptable dates and times (times must be made for Eastern Standard between 10:00 AM and 5:00 PM) to return your request for consultation. You will receive an email at the email address you listed confirming the acceptable date and time. If a call is made and the designated person is unavailable, The McCalmon Group will assume no consultation is necessary. All reschedules of consultation must complete a new Request & Acknowledgment Form.</i>
			(EST)	
			(EST)	
			(EST)	
			(EST)	
			(EST)	

I UNDERSTAND

SUBJECT MATTER OF CALL:

Please check one of the following:

Hiring Termination Return-to-work Education Other _____

Please note that this service is not to be used for emergencies. Calls should be scheduled at least 12 hours in advance.

This service provides best practices risk management education and solutions for employers. It is not legal advice and no attorney-client relationship exists or will be established. It should not be used in lieu of legal advice and is not a substitute for legal advice.

I UNDERSTAND

ACKNOWLEDGEMENT & AGREEMENT:

I acknowledge I have read and agree with the terms and conditions noted above. I certify I have the authority to use this service, and that my employer is a current policy holder of the carrier listed above. I further acknowledge that, although the Best Practice Help Line is serviced by attorneys, no attorney-client privilege exists or will be established or expected by me. I acknowledge the service provider is not providing legal advice, but rather risk management best practices education and consultation. If I need or desire a legal opinion, I will seek the advice of an attorney licensed in my state and not seek legal advice from this service provider. I understand I will be provided general best practices consultation and education on the subject matter of my call and that the consultant will not give any legal opinions or perform any legal research on my behalf.

I UNDERSTAND

Signature:		Date:	
Print Name:			

PRINT THIS FORM

Internal Use for Service Provider			
Time call made:		Notes:	
Time call ended:			
Person available:	Yes: <input type="radio"/> No: <input type="radio"/>		
Signature:		Date:	