



706 Philadelphia Pike, Suite 1
Wilmington, DE 19809
800-I G4-9801
302-483-0230 (fax)
www.WrightUSA.com

REQUEST FOR PROFESSIONAL LIABILITY RECEIPT FOR REIMBURSEMENT

Member Name: _____

Member ID or SS#: _____

Mailing Address: _____

City, State, Zip: _____

Employing Agency: _____

Work Phone: _____

PERIOD REQUESTED (Check one)

(Note: Receipts can only be prepared for periods already paid)

Policy Year: _____

Fiscal Year: _____

Calendar Year: _____

Other Period: _____ *(Please specify)*

Signature: _____ Date: _____

Please allow 3-4 weeks to complete processing your request

All receipt request are handled in the order in which they are received

**Mail the fully completed form to:
Wright USA, 706 Philadelphia Pike, Suite 1 Wilmington, DE 19809
OR fax it to (302) 483-0230**

INCOMPLETE FORMS CANNOT BE PROCESSED