

In order to participate in the Telemedicine Program, please complete the below form.

Agency Name: _____ Agent Name: _____

Address: _____
Street City State ZIP

Agency Email Address: _____ Agency Phone No.: _____

Bank Account No.: _____ Routing No.: _____

Signature: _____ Date: _____

Send completed forms to Mary Mullins:

Email: MMullins@PreferredRiskAdmin.com

Fax: 708-475-6095

Mail: Preferred Risk Administrators
Attn: Mary Mullins
6640 S. Cicero Avenue
Bedford Park, IL 60638

Questions: Call 708-475-6108



**PREFERRED RISK
ADMINISTRATORS**
YOUR COMPANY - AMPLIFIED

PRA TP 10.25.18

IT'S SO EASY!!

1. Send in the completed form.
2. Receive a confirmation email, which will include the fillable referral form with your account number and information filled in.
3. For each referral, open the form, fill in the date, clients name, phone number and email address.
4. Start Earning!
It's REALLY that easy!!!

**Policies must be active for 30 days to qualify.*