

A current Curriculum Vitae must accompany each completed and signed application.

NAMED PHYSICIAN COVERAGE SUPPLEMENTAL APPLICATION																																																																																																								
A. Name of Applicant	B. Organization Name:																																																																																																							
Are you requesting Prior Acts Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify Retroactive Date:																																																																																																								
Does your employment with the above organization require that you provide services to any other organization? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details in Comments Section.)																																																																																																								
C. Medical School/State:	Degree: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other:	Month/Year Graduated:																																																																																																						
Are you currently a resident, intern or fellow? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, dates you will complete training:																																																																																																								
D. List all states where you are licensed to practice and license numbers:																																																																																																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>State/License Number</u></td> <td style="width: 50%; border: none;"><u>State/License Number</u></td> </tr> <tr> <td style="border: none;">_____ / _____</td> <td style="border: none;">_____ / _____</td> </tr> <tr> <td style="border: none;">_____ / _____</td> <td style="border: none;">_____ / _____</td> </tr> </table>			<u>State/License Number</u>	<u>State/License Number</u>	_____ / _____	_____ / _____	_____ / _____	_____ / _____																																																																																																
<u>State/License Number</u>	<u>State/License Number</u>																																																																																																							
_____ / _____	_____ / _____																																																																																																							
_____ / _____	_____ / _____																																																																																																							
E. Indicate percentage of time devoted to the following medical and/or surgical activities (total = 100%):																																																																																																								
<table style="width: 100%; border: none;"> <tr><td style="text-align: center;">%</td></tr> <tr><td>_____ Acupuncture</td></tr> <tr><td>_____ Administrative Medicine</td></tr> <tr><td>_____ Aerospace Medicine</td></tr> <tr><td>_____ Allergy & Immunology</td></tr> <tr><td>_____ Anesthesiology</td></tr> <tr><td>_____ Broncho-Esophagology</td></tr> <tr><td>_____ Cardiovascular Disease</td></tr> <tr><td>_____ Colon & Rectal</td></tr> <tr><td>_____ Dermatology</td></tr> <tr><td>_____ Diabetes</td></tr> <tr><td>_____ Emergency Medicine</td></tr> <tr><td>_____ Endocrinology</td></tr> <tr><td>_____ Family Practice or General Practice - Excl OB</td></tr> <tr><td>_____ Family Practice or General Practice - Incl OB</td></tr> <tr><td>_____ Fetal & Maternal Medicine</td></tr> <tr><td>_____ Foot & Ankle Surgery</td></tr> <tr><td>_____ Forensic Medicine</td></tr> <tr><td>_____ Gastroenterology</td></tr> <tr><td>_____ General Preventative Medicine</td></tr> <tr><td>_____ Geriatrics</td></tr> <tr><td>_____ Gynecology</td></tr> <tr><td>_____ Hand</td></tr> <tr><td>_____ Head & Neck</td></tr> <tr><td>_____ Hematology</td></tr> <tr><td>_____ Hospitalist</td></tr> <tr><td>_____ Hypnosis</td></tr> <tr><td>_____ Infectious Diseases</td></tr> <tr><td>_____ Intensive Care Medicine</td></tr> <tr><td>_____ Internal Medicine</td></tr> <tr><td>_____ Laryngology</td></tr> <tr><td>_____ Limited General Practice</td></tr> <tr><td>_____ Legal Medicine</td></tr> <tr><td>_____ Neonatology</td></tr> </table>	%	_____ Acupuncture	_____ Administrative Medicine	_____ Aerospace Medicine	_____ Allergy & Immunology	_____ Anesthesiology	_____ Broncho-Esophagology	_____ Cardiovascular Disease	_____ Colon & Rectal	_____ Dermatology	_____ Diabetes	_____ Emergency Medicine	_____ Endocrinology	_____ Family Practice or General Practice - Excl OB	_____ Family Practice or General Practice - Incl OB	_____ Fetal & Maternal Medicine	_____ Foot & Ankle Surgery	_____ Forensic Medicine	_____ Gastroenterology	_____ General Preventative Medicine	_____ Geriatrics	_____ Gynecology	_____ Hand	_____ Head & Neck	_____ Hematology	_____ Hospitalist	_____ Hypnosis	_____ Infectious Diseases	_____ Intensive Care Medicine	_____ Internal Medicine	_____ Laryngology	_____ Limited General Practice	_____ Legal Medicine	_____ Neonatology	<table style="width: 100%; border: none;"> <tr><td style="text-align: center;">%</td></tr> <tr><td>_____ Neoplastic Diseases</td></tr> <tr><td>_____ Nephrology</td></tr> <tr><td>_____ Neurology</td></tr> <tr><td>_____ Nuclear Medicine</td></tr> <tr><td>_____ Nutrition</td></tr> <tr><td>_____ Obstetrics/Pre-Natal Care</td></tr> <tr><td>_____ Occupational Medicine</td></tr> <tr><td>_____ Oncology</td></tr> <tr><td>_____ Ophthalmology</td></tr> <tr><td>_____ Oral-Maxillofacial Surgery</td></tr> <tr><td>_____ Orthopedics</td></tr> <tr><td>_____ Otology</td></tr> <tr><td>_____ Otorhinolaryngology</td></tr> <tr><td>_____ Pain Management</td></tr> <tr><td>_____ Pathology</td></tr> <tr><td>_____ Pediatrics</td></tr> <tr><td>_____ Pharmacology</td></tr> <tr><td>_____ Psychiatry</td></tr> <tr><td>_____ Physician-NOC</td></tr> <tr><td>_____ Physical Medicine and Rehabilitation</td></tr> <tr><td>_____ Psychiatry</td></tr> <tr><td>_____ Psychoanalysis</td></tr> <tr><td>_____ Psychosomatic Medicine</td></tr> <tr><td>_____ Public Health</td></tr> <tr><td>_____ Pulmonary Diseases</td></tr> <tr><td>_____ Radiology</td></tr> <tr><td>_____ Rheumatology</td></tr> <tr><td>_____ Rhinology</td></tr> <tr><td>_____ Sports Medicine</td></tr> <tr><td>_____ Teleradiology</td></tr> <tr><td>_____ Thoracic</td></tr> <tr><td>_____ Urology</td></tr> <tr><td>_____ Weight Reduction/Control</td></tr> <tr><td>_____ Other (list): _____</td></tr> </table>	%	_____ Neoplastic Diseases	_____ Nephrology	_____ Neurology	_____ Nuclear Medicine	_____ Nutrition	_____ Obstetrics/Pre-Natal Care	_____ Occupational Medicine	_____ Oncology	_____ Ophthalmology	_____ Oral-Maxillofacial Surgery	_____ Orthopedics	_____ Otology	_____ Otorhinolaryngology	_____ Pain Management	_____ Pathology	_____ Pediatrics	_____ Pharmacology	_____ Psychiatry	_____ Physician-NOC	_____ Physical Medicine and Rehabilitation	_____ Psychiatry	_____ Psychoanalysis	_____ Psychosomatic Medicine	_____ Public Health	_____ Pulmonary Diseases	_____ Radiology	_____ Rheumatology	_____ Rhinology	_____ Sports Medicine	_____ Teleradiology	_____ Thoracic	_____ Urology	_____ Weight Reduction/Control	_____ Other (list): _____	<table style="width: 100%; border: none;"> <tr><td style="text-align: center;">% Surgery</td></tr> <tr><td>_____ Abdominal</td></tr> <tr><td>_____ Bariatric</td></tr> <tr><td>_____ Cardiac</td></tr> <tr><td>_____ Cardiovascular</td></tr> <tr><td>_____ Colon & Rectal</td></tr> <tr><td>_____ Dermatology</td></tr> <tr><td>_____ Endocrinology</td></tr> <tr><td>_____ Foot & Ankle</td></tr> <tr><td>_____ Gastroenterology</td></tr> <tr><td>_____ General</td></tr> <tr><td>_____ Gynecology</td></tr> <tr><td>_____ Hand</td></tr> <tr><td>_____ Head & Neck</td></tr> <tr><td>_____ Laryngology</td></tr> <tr><td>_____ Neonatal</td></tr> <tr><td>_____ Neoplastic</td></tr> <tr><td>_____ Nephrology</td></tr> <tr><td>_____ Neurology</td></tr> <tr><td>_____ Obstetrics</td></tr> <tr><td>_____ Ophthalmology</td></tr> <tr><td>_____ Orthopaedic - Excl Spine</td></tr> <tr><td>_____ Orthopaedic - Incl Spine</td></tr> <tr><td>_____ Otorhinolaryngology</td></tr> <tr><td>_____ Pediatric</td></tr> <tr><td>_____ Perinatology</td></tr> <tr><td>_____ Plastic</td></tr> <tr><td>_____ Plastic-Otorhinolaryngology</td></tr> <tr><td>_____ Thoracic</td></tr> <tr><td>_____ Traumatic</td></tr> <tr><td>_____ Urological</td></tr> <tr><td>_____ Vascular</td></tr> <tr><td>_____ Other (list): _____</td></tr> </table>	% Surgery	_____ Abdominal	_____ Bariatric	_____ Cardiac	_____ Cardiovascular	_____ Colon & Rectal	_____ Dermatology	_____ Endocrinology	_____ Foot & Ankle	_____ Gastroenterology	_____ General	_____ Gynecology	_____ Hand	_____ Head & Neck	_____ Laryngology	_____ Neonatal	_____ Neoplastic	_____ Nephrology	_____ Neurology	_____ Obstetrics	_____ Ophthalmology	_____ Orthopaedic - Excl Spine	_____ Orthopaedic - Incl Spine	_____ Otorhinolaryngology	_____ Pediatric	_____ Perinatology	_____ Plastic	_____ Plastic-Otorhinolaryngology	_____ Thoracic	_____ Traumatic	_____ Urological	_____ Vascular	_____ Other (list): _____
%																																																																																																								
_____ Acupuncture																																																																																																								
_____ Administrative Medicine																																																																																																								
_____ Aerospace Medicine																																																																																																								
_____ Allergy & Immunology																																																																																																								
_____ Anesthesiology																																																																																																								
_____ Broncho-Esophagology																																																																																																								
_____ Cardiovascular Disease																																																																																																								
_____ Colon & Rectal																																																																																																								
_____ Dermatology																																																																																																								
_____ Diabetes																																																																																																								
_____ Emergency Medicine																																																																																																								
_____ Endocrinology																																																																																																								
_____ Family Practice or General Practice - Excl OB																																																																																																								
_____ Family Practice or General Practice - Incl OB																																																																																																								
_____ Fetal & Maternal Medicine																																																																																																								
_____ Foot & Ankle Surgery																																																																																																								
_____ Forensic Medicine																																																																																																								
_____ Gastroenterology																																																																																																								
_____ General Preventative Medicine																																																																																																								
_____ Geriatrics																																																																																																								
_____ Gynecology																																																																																																								
_____ Hand																																																																																																								
_____ Head & Neck																																																																																																								
_____ Hematology																																																																																																								
_____ Hospitalist																																																																																																								
_____ Hypnosis																																																																																																								
_____ Infectious Diseases																																																																																																								
_____ Intensive Care Medicine																																																																																																								
_____ Internal Medicine																																																																																																								
_____ Laryngology																																																																																																								
_____ Limited General Practice																																																																																																								
_____ Legal Medicine																																																																																																								
_____ Neonatology																																																																																																								
%																																																																																																								
_____ Neoplastic Diseases																																																																																																								
_____ Nephrology																																																																																																								
_____ Neurology																																																																																																								
_____ Nuclear Medicine																																																																																																								
_____ Nutrition																																																																																																								
_____ Obstetrics/Pre-Natal Care																																																																																																								
_____ Occupational Medicine																																																																																																								
_____ Oncology																																																																																																								
_____ Ophthalmology																																																																																																								
_____ Oral-Maxillofacial Surgery																																																																																																								
_____ Orthopedics																																																																																																								
_____ Otology																																																																																																								
_____ Otorhinolaryngology																																																																																																								
_____ Pain Management																																																																																																								
_____ Pathology																																																																																																								
_____ Pediatrics																																																																																																								
_____ Pharmacology																																																																																																								
_____ Psychiatry																																																																																																								
_____ Physician-NOC																																																																																																								
_____ Physical Medicine and Rehabilitation																																																																																																								
_____ Psychiatry																																																																																																								
_____ Psychoanalysis																																																																																																								
_____ Psychosomatic Medicine																																																																																																								
_____ Public Health																																																																																																								
_____ Pulmonary Diseases																																																																																																								
_____ Radiology																																																																																																								
_____ Rheumatology																																																																																																								
_____ Rhinology																																																																																																								
_____ Sports Medicine																																																																																																								
_____ Teleradiology																																																																																																								
_____ Thoracic																																																																																																								
_____ Urology																																																																																																								
_____ Weight Reduction/Control																																																																																																								
_____ Other (list): _____																																																																																																								
% Surgery																																																																																																								
_____ Abdominal																																																																																																								
_____ Bariatric																																																																																																								
_____ Cardiac																																																																																																								
_____ Cardiovascular																																																																																																								
_____ Colon & Rectal																																																																																																								
_____ Dermatology																																																																																																								
_____ Endocrinology																																																																																																								
_____ Foot & Ankle																																																																																																								
_____ Gastroenterology																																																																																																								
_____ General																																																																																																								
_____ Gynecology																																																																																																								
_____ Hand																																																																																																								
_____ Head & Neck																																																																																																								
_____ Laryngology																																																																																																								
_____ Neonatal																																																																																																								
_____ Neoplastic																																																																																																								
_____ Nephrology																																																																																																								
_____ Neurology																																																																																																								
_____ Obstetrics																																																																																																								
_____ Ophthalmology																																																																																																								
_____ Orthopaedic - Excl Spine																																																																																																								
_____ Orthopaedic - Incl Spine																																																																																																								
_____ Otorhinolaryngology																																																																																																								
_____ Pediatric																																																																																																								
_____ Perinatology																																																																																																								
_____ Plastic																																																																																																								
_____ Plastic-Otorhinolaryngology																																																																																																								
_____ Thoracic																																																																																																								
_____ Traumatic																																																																																																								
_____ Urological																																																																																																								
_____ Vascular																																																																																																								
_____ Other (list): _____																																																																																																								

F. Medical Specialty:

Are you certified by an approved specialty board?

YES NO

If yes - American Board of _____

Cert #: _____

Date Issued: _____

Expiration Date: _____

Primary Medical Specialty: _____

Sub-Specialty: _____

Is your practice limited to your sub-specialty?

YES NO

If you are NOT board eligible or certified, please explain in Comments Section Below.

G. Profile Questions:

Please provide details to any "Yes" responses in the Comments Section below.

1. Has any organization ever denied, restricted, suspended or revoked your privileges or practice; have you ever voluntarily surrendered your privileges; or has probation or a consent order ever been invoked? YES NO
2. Has any organization notified you of its intention of consider imposing any change of status, penalties, privileges, participation, certification or membership? YES NO
3. Has your narcotics or medical license ever been suspended, restricted, revoked or voluntarily surrendered or has probation been invoked? YES NO
4. Have you been asked to participate in or have you volunteered to participate in an impaired physician program? (If "Yes", please attach a copy of your recovery plan document.) YES NO
5. Have you ever been denied a medical license or been denied certification by a specialty board? YES NO
6. Do you have knowledge of any claims, potential claims, or suits in which you may become involved, including without limitation knowledge of any alleged injury arising out of the rendering or failure to render professional services which may give rise to a claim?
If yes, have these been reported to your present carrier? YES NO
Complete and attach a Claim Information Form for EACH such claim, potential claim, or suit or provide a recent carrier claim history. YES NO
7. Has any medical professional liability insurance ever been declined, canceled, non-renewed, surcharged or conditioned? YES NO

NOTE: MISSOURI APPLICANTS DO NOT RESPOND

Comments Section:

Applicant Signature: _____

Print Name: _____

Date: _____

CLAIM INFORMATION FORM

Complete and attach a Claim Information Form for EACH claim, potential claim, or suit.

Claimant First Name:	Middle Name:	Last Name:
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date(s) of treatment and/or surgery, which led to the allegations against you:		
Nature of the allegations in the claim or suit:		
Was suit ever filed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when was it filed?
Name of other doctor(s) and hospital(s), if any, involved in claim or suit:		
Disposition or current status of claim or suit: <input type="checkbox"/> Open <input type="checkbox"/> Closed		
If open, indicate case value established by carrier:		If closed, was payment made? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, was claim or suit withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If payment was made, indicate total amount of settlement or award:		How much was on your behalf:
Name of insurance carrier defending you:		

Narrative description of the medical facts (must include the type of treatment and/or surgery and your involvement). Please give as complete a narrative description as possible.

Claimant First Name:	Middle Name:	Last Name:
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date(s) of treatment and/or surgery, which led to the allegations against you:		
Nature of the allegations in the claim or suit:		
Was suit ever filed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when was it filed?
Name of other doctor(s) and hospital(s), if any, involved in claim or suit:		
Disposition or current status of claim or suit: <input type="checkbox"/> Open <input type="checkbox"/> Closed		
If open, indicate case value established by carrier:		If closed, was payment made? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, was claim or suit withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If payment was made, indicate total amount of settlement or award:		How much was on your behalf:
Name of insurance carrier defending you:		

Narrative description of the medical facts (must include the type of treatment and/or surgery and your involvement). Please give as complete a narrative description as possible.