



1. Estimate the percentage of business derived/referred from the following services which the Applicant performs on behalf of health care providers:

- \_\_\_ % Coding of claims
\_\_\_ % Accounts receivable
\_\_\_ % Processing of claims
\_\_\_ % Bad debt collections
\_\_\_ % Other, Please describe:

How many clients do you currently service? \_\_\_\_\_

Please identify these clients:

2. What percentage of your billings are for Medicare/Medicaid? \_\_\_\_\_%

3. For what types of medical services do you provide services?

4. Is your compensation related to the dollar amount billed or collected? [ ] Yes [ ] No

If Yes, please explain:

5. Are you currently and have you always been in compliance with existing statutes and regulations? [ ] Yes [ ] No

If No, please explain:

6. Do you have written policies and procedures for standards of conduct? [ ] Yes [ ] No

a. Do you have a compliance officer and compliance committee? [ ] Yes [ ] No

b. Do you conduct training and education for all your employees? [ ] Yes [ ] No

c. Do you have documented standards that are enforced? [ ] Yes [ ] No

d. Do you conduct internal monitoring and auditing? [ ] Yes [ ] No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_