

Urgent Care, Convenience Care, & Occupational Clinics – Supplemental Application

Underwritten by The Hanover Atlantic Insurance Company, Ltd.

Instructions:

- This application must be completed *in conjunction* with our Healthcare Facility Common Application.
- PROVIDE A COPY of your most recent state or independent accreditation survey results, to include your responses to any recommendations.
- Complete a separate supplemental application for each state you perform services in or provide the breakout of the requested information by state in an attachment.

Name of Applicant: _____

These operations are conducted in what state? _____ If multi-state, please complete a **separate** supplemental for each state or provide the breakout of the requested information by state in an attachment.

Total projected revenue: \$ _____

Supplemental Application Review

1. Services Provided: Breakout exposures within the appropriate categories below:

| Services | Projected annual visits |
|---|-------------------------|
| Occupational Health: Treatment for Worker's Compensation injuries, pre-employment physicals, alcohol and drug testing, and back to work program | |
| Convenience Care/Express Care/ Walk-in: Primary care like a physician's office. NPs or PAs staff the facility. Treat <i>non-life-threatening</i> illnesses and injuries such as ear infections, colds or coughs, flu, sports physicals, wellness visits. | |
| Urgent Care: Primary care like a physician's office. Physicians staff the facility with support from NPs and PAs. Treat <i>non-life-threatening</i> illnesses and minor injuries such as bronchitis, respiratory infections, minor fractures, minor burns, and minor cuts. Services include onsite x-ray and clinical lab. | |
| Emergency Care*: Treat <i>life-threatening</i> illnesses and injuries. Services include onsite x-ray, CT and clinical lab. Physicians, advanced practice clinicians, and nurses staff the facility. Ailments treated include strokes, heart attacks, seizures, severe burns, loss of vision, and persistent bleeding. | |
| Telemedicine – Describe: | |
| Other – Describe: | |

***If ANY emergency care is provided, please describe:** _____

| Additional Services | Projected annual revenues |
|---------------------------------------|---------------------------|
| Pharmacy: | \$ |
| Laboratory Testing – Describe: | \$ |
| Imaging Services – Describe: | \$ |
| Other – Describe: | \$ |

2. **How many miles is the closest trauma facility to your clinic?** 0-10 10-20 20+
3. **Is the applicant licensed by the state to provide emergency services?** Yes No
4. **Hours of operations:** Open From: _____ To: _____
5. **Is a MD, DO, NP or PA on site during all hours of operations?** Yes No
6. **Do you issue medical marijuana cards?** Yes No
7. **Are you offering any Medi-spa services?** Yes No

If Yes, please explain what services, the number of visits, and revenue attributed to the services:

8. **If X-Rays are provided, what percentage are over reads by a Board-Certified Radiologist?** _____ %
9. **Are the following policies and procedures in writing, approved by management and followed?**

| | | | |
|--|--|---|--|
| Only physician assistants, nurse practitioners, or physicians are accountable for conducting triage, determining acuity level/appropriateness for transfer to another appropriate facility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ongoing review of medical records against specific outcome criteria (patients who return within a specified amount of time with the same complaint, admission to the acute setting post discharge complaints, AMA's etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Strict rule out of myocardial infarction via detailed history/physical and liberal transfer to an acute care setting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Confidentiality including HIPAA Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Strict rule out of fractures that include written patient instructions to return for re-examination if pain persists for 12 hours, over read by radiologists, and notifying patients of any latent abnormal findings | <input type="checkbox"/> Yes <input type="checkbox"/> No | "Duty to Warn" | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restriction on telephone orders and advice without being seen by a PA, NP, or MD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Informed Consent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vital signs and pulse oximetry on all patients presenting a respiratory complaint or shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No | Patient's Rights | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Written discharge instructions to all patients upon checkout | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refusal of Treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Follow-up/Call Back criteria for abnormal test indicators and high-risk conditions with specific time frame for making calls | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reporting Abuse/Sexual Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Follow up calls are documented on patient chart | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suicide/Homicide Risk Assessment & Prevention | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency transfer log is kept | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If you answered "No" to any of the above, please provide an explanation: _____

AUTHORIZATION

I have answered the questions in this Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

GENERAL FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree in FL).

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, OHIO AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for

each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

THE APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND DATED BY A PRINCIPAL OF THE BUSINESS.