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 Encino, CA 91436
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APPLICATION for:

MEDEFENSE™ PLUS / e-MD™

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

The Insurer agrees to use all information provided in this Application solely in connection with the proposed insurance.

If a material change occurs to any of the answers given below prior to the inception of any insurance, the Applicant must notify the insurer, and at the sole discretion of the insurer, any outstanding quotations may be modified or withdrawn.

The particulars, representations and statements contained in this Application and any other information submitted are the basis for the proposed insurance and will be considered as incorporated into and constituting part of the proposed certificate and/or policy.

This Application must be completed in type or ink by the Applicant. All questions must be answered for a quotation to be given. If more space is needed, please continue your answers on a separate sheet and attach it to this form.

The completion and signing of this Application does not bind the Applicant or the insurer to a policy or certificate of insurance.

SECTION I. GENERAL INFORMATION

1. Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Fax Number: () _____

Website: _____

2. Description of Operations: _____

If a physician/medical group:

Number of physicians: _____

Specialty: _____

3. Date of the formation of the entity cited above: _____

4. Other operational locations and descriptions **(Use separate sheet if necessary)**:

5. Annual Revenues: Current Year: _____ One Year Ago: _____ Two Years Ago: _____

6. Have you acquired any practices in the last 5 years? Yes No
 If "Yes", please provide specific details, including size, dates, what specialty/specialties were involved and what the Medicare/Medicaid billings were as a percentage of the total practice for each of the past five years.
(Use separate sheet)

7. a. Total annual projected billings: _____
 b. Percentage of annual projected billings attributable to Medicare Patients: _____ %
 c. Percentage of annual projected billings attributable to Medicaid Patients: _____ %
 d. What have Medicare/Medicaid billings been for each of the past three years?

Current Year: _____ One Year Ago: _____ Two Years Ago: _____

8. Do you handle billings for any hospitals? Yes No
If "Yes", please describe these services on a separate sheet.

SECTION II. COMPLIANCE

1. Do you have a compliance program in place? Yes No
If "Yes", what do you use and when was it installed? _____
If "No", please describe your billings guidelines on a separate sheet of paper.
- a. Do you have a billing compliance program in place for Billing Errors? Yes No
If "Yes", when was it implemented? _____
If "No", please explain why: _____
- b. Do you have a billing compliance program in place for HIPAA? Yes No
If "Yes", when was it implemented? _____
If "No", please explain why: _____
2. Who is responsible for compliance? _____
3. How often are billing reviews performed and by whom? _____

SECTION III. NETWORK SECURITY AND PRIVACY

1. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to patient information? Yes No
2. Is all sensitive and confidential information stored on your organization's databases, servers and data file encrypted? Yes No
3. Does your security and privacy policy include mandatory training for all employees? Yes No

SECTION IV. LOSS HISTORY

After inquiry, have you or any member of your staff or any person or entity for whom you perform billing services ever:

1. Been investigated or sanctioned by any local, state or federal government agency or private payer regarding the delivery of health care services or reimbursement thereof? Yes No
2. Had to refund amounts to Public and/or Private Payers? Yes No
If "Yes", how much? Public: \$ _____ Private: \$ _____
3. Been audited or investigated with regard to Medicare/Medicaid billing practices or utilization of Medicare/Medicaid services? Yes No
4. Been accused of errors by any government agency or commercial payer? Yes No
5. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customer's ability to rely on the Applicant's network? Yes No
If "Yes", please provide specific details: _____

6. Do you have knowledge of any claims or facts, circumstances, situations, events or transactions that may result in a claim which may be covered by the proposed policy? Yes No

If answer to any of the above questions is "Yes", please explain on a separate sheet of paper.

The undersigned warrants and represents that, to the best of his or her knowledge, the statements herein are true and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application. It is represented that the particulars and statements contained in the Application, and any materials submitted (which shall be on file with the insurer and shall be deemed attached, as if physically attached) are the basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The undersigned agrees that in the event this Application contains misrepresentations or fails to state facts materially affecting the risk assumed by the insurer, any insurance issued shall be void in its entirety.

The undersigned agrees that if after the date of this Application and prior to issuance, any occurrence, event or other circumstances should render any of the information contained in this Application inaccurate or incomplete, the undersigned shall notify the insurer of such occurrence, event, or circumstance and shall provide the insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the insurer.

The insurer is hereby authorized to make any investigation and inquiry **in connection with this Application** as it may deem necessary.

Severability: No knowledge or information processed by any insured person will be implied to any other insured person except for material facts or information known to the person or persons who signed the Application. In the event that any of the particulars or statements in the Application are untrue, this policy will be void with respect to any insured person who knew of such untruth or to who such knowledge is implied.

SECTION V. OTHER INFORMATION

1. **The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
2. **It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**
3. **It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**
4. **For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**

Signed: _____

Print Name: _____

Title: _____

Date (Mo/Day/Yr): _____

Applicant Organization: _____