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Hospitalist Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT (80915)

1. Residency Completed? ☐ Yes ☐ No
   Specialty? ____________________________ From: ________ To: __________
2. Fellowship Completed? ☐ Yes ☐ No
   Specialty? ____________________________ From: ________ To: __________
3. Board Certified? ☐ Yes ☐ No
   Name of Board? ______________________________ Dt: ___________
4. Describe all additional training and/or CME courses you have taken related to the duties and responsibilities of a hospitalist.
   ____
5. Do you practice as a hospitalist 100% of the time? ☐ Yes ☐ No
   If Yes, please provide a description of your practice activity.
   ____
   If No, please indicate percentage as hospitalist. ___________
   If No, please describe your other practice activities.
   ____
   Average/estimated number of hours worked per week for all practice activities. ______________
6. Please indicate the patient population you provide services to.
   Adult Medicine: ☐ Yes ☐ No Percentage ________
   Critical Care: ☐ Yes ☐ No Percentage ________
   Obstetrics: ☐ Yes ☐ No Percentage ________
   Pediatric: ☐ Yes ☐ No Percentage ________
7. As a hospitalist, do you provide in hospital coverage:
   For only patients of your own practice? ☐ Yes ☐ No
   For admitted patients that are not your existing patients or your practice group's patients? ☐ Yes ☐ No
8. Are you practicing as part of a hospitalist group? ☐ Yes ☐ No
   If Yes, group name: ____
9. Please list all hospitals where you practice as a hospitalist and indicate whether you are employed or contracted.

Name of Hospital	Employed	Contracted
______________________________	☐	☐
______________________________	☐	☐
______________________________	☐	☐
______________________________	☐	☐

10. Do you practice as a hospitalist at any other facilities in addition to the hospitals noted in question #9 (such as a nursing home)? ☐ Yes ☐ No
    If Yes, please list all facilities, indicate the type of facility, and indicate whether you are employed or contracted.

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Name of Hospital	Type of Facility	Employed	Contracted
______________	______________	☐	☐
______________	______________	☐	☐
______________	______________	☐	☐
______________	______________	☐	☐

11. Please note your hospitalist practice structure.
    - ☐ Shift Based (on site at hospital)
    - ☐ Call Based, single hospital (not on site)
    - ☐ Combination of above – Please explain:
    - ☐ Call Based, multiple hospitals simultaneously (not on site)

    ____

12. Is your hospitalist coverage availability at the hospitals and other facilities noted in questions #9 and #10, 24/7 (24 hours, 7 days per week) coverage? ☐ Yes ☐ No
    If No, please explain: ______________________________
13. What is your average patient volume/patient load per shift at each noted hospital/facility? Per shift approximately: ______________
14. Do you utilize non-physician healthcare providers (PA's, NP's, etc.) in the performance of your hospitalist duties? ☐ Yes ☐ No
    If Yes, please explain. ______________________________
15. Do you follow surgical patients? ☐ Yes ☐ No
16. Do you perform pre-op evaluations? ☐ Yes ☐ No
17. Do you provide the primary care physician with a written discharge summary for every patient within five days of discharge? ☐ Yes ☐ No
18. Do you document all communication with the primary care physician in the medical record? ☐ Yes ☐ No
19. Please describe the system that ensures you review and follow-up on all test results that arrive after the patient has been discharged.

    ____

20. Do you see any hospital patients that do not have a primary care physician? ☐ Yes ☐ No
    If Yes, what arrangements are made for any follow-up care that may be needed?

    ____

21. Do you perform any non-patient care activities in your role as hospitalist? i.e. quality review activities, medical director duties, etc. ☐ Yes ☐ No
    If Yes, please explain.

    ____

______________________________ ______________
SIGNATURE OF APPLICANT DATE

I certify that all statements in this application are true, material, and complete.

____
NAME