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BUSINESSRISKPARTNERS

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MEDICAL BILLING SUPPLEMENTAL APPLICATION

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:

2. How many clients do you currently service? _____

Please identify these clients:

3. What percentage of your billings are for Medicare/Medicaid? _____%

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

5. Is your compensation related to the dollar amount billed or collected? Yes No

If Yes, please explain:

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

If No, please explain:

7. 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): _____