



**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:

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

Please identify these clients:

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

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

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

If Yes, please explain:

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

If No, please explain:

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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): \_\_\_\_\_