



Medical Billing Supplemental Application
Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

Name of Applicant: _____

1. 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: _____

COMPLIANCE

2. a. Do you have a billing compliance program in place for Billing Errors? Yes No
- b. Do you have a billing compliance program in place for HIPAA? Yes No
3. Who is responsible for compliance? _____
4. How often are billing reviews performed and by whom? _____

LOSS HISTORY

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

5. Been investigated or sanctioned by any local, state or federal government agency or private payor regarding the delivery of health care services or reimbursement thereof? Yes No
6. Had to refund amounts to Public and/or Private payers in each of the last 3 years? If "Yes", please provide estimated amounts: Yes No
 Current Year (Fiscal): Public: \$ _____ Private: \$ _____
 Last Year (Fiscal): Public: \$ _____ Private: \$ _____
 2 Years Ago (Fiscal): Public: \$ _____ Private: \$ _____
7. Been audited or investigated with regard to Medicare/Medicaid billing practices or utilization of Medicare/Medicaid services? Yes No
8. Been accused of errors by any government agency or commercial payer? Yes No
9. 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

I understand that the information submitted herein becomes a part of my Application, and in the event that coverage is bound, is subject to the same warranty and conditions.

Authorized Signature (Must be signed by an Executive): _____

Printed Name of Signor: _____

Date: _____