

555 North Lane, Suite 6060 Conshohocken, PA 19428 Phone: (800) 970-9778 Fax: (610) 941-9889

Email to: atp-submissions@nsminc.com

## **PHYSICIANS & PSYCHIATRISTS SUPPLEMENTAL**

Clinic/Center Name:    Medical Specialty:		Applicant Name:							
Board Certified: Yes \  No \  Eligible \  American Board of Addiction Medicine (ABAM) Certified: Yes \  No \  American Board of Psychiatry and Neurology (ABPN) Certified: Yes \  No \  No \  No you or will you perform any of the following medical procedures or services on behalf of the Clinic/Center?  1. Do you or will you perform any of the following medical procedures or services on behalf of the Clinic/Center?  2. Do you or will you perform any of the following medical procedures or services on behalf of the Clinic/Center?  3. Prescribe Methadone Yes \  No \  Prescribe Methadone Yes \  No \  No \  Surgery Yes \  No \  Prescribe Naltrexone Yes \  No \  Surgery Yes \  No \  Prescribe Naltrexone Yes \  No \  Electroconvulsive Therapy Yes \  No \  Describe: \  Xetamine Therapy Yes \  No \  Describe: \  Xetamine Therapy Yes \  No \  Describe: \  Xetamine Therapy Yes \  No \  Describe: \  Yes \  No \  Yes \  No \  Insurance Company Name: \  Expiration Date: \  Limits of Liability: \  Policy #: \   4. Does your malpractice policy extend to cover you for your acts on behalf of the Clinic/Center? Yes \  No \  No \  Have you ever had a malpractice suit filed against you? Yes \  No \  Have you ever had your medical license revoked, suspended, restricted or placed on probation? Yes \  No \  Have you ever been the subject of an investigation, disciplinary proceeding or reprimand? Yes \  No \  Have you ever been the subject of a crime or felony? Yes \  No \  Have you ever been the subject of a crime or drug addiction? Yes \  No \  Have you ever been the subject of an investigation, discipl		Clinic/Center Name:							
American Board of Addiction Medicine (ABAM) Certified: Yes   No   American Board of Psychiatry and Neurology (ABPN) Certified: Yes   No   Years in Practice:   License Number/State:   Employment status with Clinic/Center a. Employee   Contractor   Volunteer   Student in Training   b. Hours worked per week: c. Weeks worked per year:   D. List the responsibilities/duties you perform for the Clinic/Center:  1. Do you or will you perform any of the following medical procedures or services on behalf of the Clinic/Center? Physical Exams Yes   No   Prescribe Methadone Yes   No   Anesthesia Assisted Detox Yes   No   Prescribe Buprenorphine Yes   No   Surgery Yes   No   Prescribe Other Medicines Yes   No   Electroconvulsive Therapy Yes   No   Describe:   Electroconvulsive Therapy Yes   No   Describe:   Expiration Date:   Limits of Liability:   Policy #:   Do you perform any other primary medical care on behalf of the Clinic/Center? If yes, please describe: Yes   No   Do you want to be covered under the Clinic/Center's policy? Yes   No   Do you want to be covered under the Clinic/Center's policy? Yes   No   Have you ever had a malpractice suit filed against you? Yes   No   Have you ever had your medical license revoked, suspended, restricted or placed on probation? Yes   No   Have you ever been tensated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No   Have you ever been treated for alcoholism or drug addiction? Yes   No		Board Certified: Yes □ No □ Eligible □							
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License Number/State: Employment status with Clinic/Center  a. Employee									
Employment status with Clinic/Center  a. Employee   Contractor   Volunteer   Student in Training   b. Hours worked per week: c. Weeks worked per year:									
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ATP INSURANCE atpinsure.com

 Please explain each Yes answer to questions 16-20:							

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## **FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THAT PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).

(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT ORAWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IF GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PERPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OFMISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENBALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

TITLE	
DATE	