INSURING BEHAVIORAL HEALTH

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Conshohocken, PA 19428
Phone: (800) 970-9778 Fax: (610) 941-9889
Email to: atp-submissions@nsminc.com

PHYSICIANS & PSYCHIATRISTS SUPPLEMENTAL

1. Applicant Name:_____
2. Clinic/Center Name:_____
3. Medical Specialty:_____
4. Board Certified: Yes ☐ No ☐ Eligible ☐
5. American Board of Addiction Medicine (ABAM) Certified: Yes ☐ No ☐
6. American Board of Psychiatry and Neurology (ABPN) Certified: Yes ☐ No ☐
7. Years in Practice:_____
8. License Number/State:_____
9. Employment status with Clinic/Center
   a. Employee ☐ Contractor ☐ Volunteer ☐ Student in Training ☐
   b. Hours worked per week:_____
   c. Weeks worked per year:_____
10. List the responsibilities/duties you perform for the Clinic/Center:

    _____

    _____

    _____

11. 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 ☐
Medical Detox	Yes ☐ No ☐	Prescribe Buprenorphine	Yes ☐ No ☐
Anesthesia Assisted Detox	Yes ☐ No ☐	Prescribe Naltrexone	Yes ☐ No ☐
Surgery	Yes ☐ No ☐	Prescribe Other Medicines	Yes ☐ No ☐
Electroconvulsive Therapy	Yes ☐ No ☐	Describe:_____	
Ketamine Therapy	Yes ☐ No ☐	_____	

12. Do you perform any other primary medical care on behalf of the Clinic/Center? If yes, please describe: Yes ☐ No ☐_____

    _____

13. Provide information on <u>your</u> currently in-force malpractice insurance: N/A ☐
    Insurance Company Name: _____
    Expiration Date: _____ Limits of Liability: _____ Policy #: _____
14. Does your malpractice policy extend to cover you for your acts on behalf of the Clinic/Center? Yes ☐ No ☐
15. Do you want to be covered under the Clinic/Center's policy? Yes ☐ No ☐
16. Have you ever had a malpractice suit filed against you? Yes ☐ No ☐
17. Have you ever had your medical license revoked, suspended, restricted or placed on probation? Yes ☐ No ☐
18. Have you ever been the subject of an investigation, disciplinary proceeding or reprimand? Yes ☐ No ☐
19. Have you ever been convicted of a crime or felony? Yes ☐ No ☐
20. Have you ever been treated for alcoholism or drug addiction? Yes ☐ No ☐
21. Please explain each **Yes** answer for questions 16-20 on page 2. Please also include the year of the event(s) and any supporting documentation.

Please explain each Yes answer to questions 16-20:

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 INFORMATIONCONCERNING 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.

PHYSICIAN/PSYCHIATRIST NAME (PLEASE PRINT/TYPE) TITLE

PHYSICIAN/PSYCHIATRIST SIGNATURE DATE