

The Podiatrist Medical Malpractice Program Quick Comparison Form

Name _____

Primary Office Address _____

City _____ County _____ State _____ ZIP _____

Email _____ Phone (_____) _____ Fax (_____) _____

Date of Birth _____ Date Practice Started _____

Current Policy Expiration _____ Date Retroactive Date _____

Current Policy Limits \$ _____ Current Policy Deductibles \$ _____

Insurance Company Name _____ Annual Premium Paid Last Year \$ _____

Practice Hours Per Week _____

I practice as Owner Employee of another DPM Associate Independent Contractor

My practice is Solo Practice Partnership Corporation LLC Association Multi-Podiatrist

I employ other DPMs in my practice. Yes No If "Yes": how many are employees? _____ Independent contractors? _____

I have completed a risk management course in the past 2 years. Yes No

I am a member of a regional or national pediatric organization Yes No

I teach. Yes No

I am board certified Yes No

I am enrolled in a residency program Yes No

Patient medical history is updated each visit Yes No

I have had additional medical training after my residency Yes No

I use Written Informed Consent for surgical procedures. Yes No

What percent of my patient load involves diabetic patients? 0-15% 16-30% 31-50% 51-70% 71-100%

The time I spend performing the following procedures is (if none, write "0"):

Non Surgical Care _____% Soft Tissue Surgery _____% Osseous Surgery _____% **Must equal 100%**

If 5% or less Osseous Surgery, do I refer patients to another podiatrist for surgery? Yes No

The estimated number of the following **surgeries** I perform **per year** is? (if none, write "0"):

Implants/Prosthesis _____ Bunion Surgery-Non Osteotomy _____

Ankle joint/lower leg surgery _____ Bunion Surgery-Osteotomy _____

Tendon/Tendon Transfer Surgery _____ Sport Injuries or Children (Surgery Only) _____

Loss Information- Has any professional liability claim or suit been made against you, your predecessors in business, or against any past or present partner? Yes No If "Yes": please provide details on a separate sheet.

Are you aware of any circumstances that might give rise to a claim under this policy? Yes No

If "Yes": please provide details on a separate sheet.

PLEASE return this form along with your current policy declaration page via fax to 717-763-4958 OR via email to eric@consumers-insurance.com. For more information call Eric @ 800-338-9392