

MISCELLANEOUS FACILITIES
DIALYSIS CENTERS – SUPPLEMENTAL APPLICATION

This is a Supplemental Application which accompanies the Application. The Applicant represents that the statements and facts are true and no material facts have been suppressed or misstated. If a policy is issued, this Supplemental Application will become part of the policy as if physically attached. Therefore, it is mandatory that all questions be answered completely. Completion of this Supplemental Application does not bind coverage.

Supplemental Questions

Applicant's Name: _____

1. Describe the services provided:

Visits By Type of Service									Current Year		Projected Year Beginning	
	Visits	Revenue	Visits	Revenue	Visits	Revenue	Visits	Revenue	Visits	Revenue	Visits	Revenue
Hemodialysis – In Center												
Peritoneal Dialysis												
Hospital/Acute Care/Long Term Care Facilities												
Home Dialysis Training												
All Other (specify)												
Total Number of Visits												

2. Indicate the percentage by revenue for each setting where the applicant's services are provided:

- % In Center Hemodialysis
- % Peritoneal Dialysis
- % Hospital/Acute Care/Long Term Care Facilities
- % Home Dialysis Training
- % Other (specify)

Total

3. List the location breakdowns per state.

State	# of Locations	State	# of Locations

4. If the applicant's facility is affiliated (directly or indirectly) with clinics located outside of the US, provide details:

5. Has a formal clinical risk management/patient safety program plan been written and implemented
6. Has a formally adopted patient incident reporting policy and procedure been implemented?
7. Is incident/occurrence reporting web-based?
8. If the applicant's facility/company includes a clinical laboratory, how many lab tests are performed annually?
9. Does the applicant provide laboratory testing for patients outside of the applicant's dialysis clinics?
10. Which of the following activities does the risk manager perform?
 - (a) Review and analysis of incident reports?
 - (b) Clinical risk management?
 - (c) Claims management?
 - (d) Workers' compensation?
 - (e) Other duties:
11. Does the applicant participate in the CDC surveillance system for hemodialysis-associated infections
12. Are hemodialyzer reuse policies and procedures in accordance with national guidelines?

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13. Are policies and procedures for water systems designed to assure compliance with AAMI Water Quality Standards?
14. Is the dialysis water system maintained by a contracted firm?
If yes, is there a hold harmless clause in the service contract?
15. Physician Involvement:
 - (a) How many physicians have privileges to treat patients in the applicant's facility?
 - (b) Is there a comprehensive credentialing process which minimally includes primary source verification of education, training, and licensure?
 - (c) Does the applicant's facility have written requirements they carry their own Professional Liability Insurance?
 - (d) What are the limits required?
 - (e) If there physician ownership in the facility, provide details:
 - (f) Do physicians provide other services at the facility, provide details:
16. If the applicant's facility manufactures, sells or leases any medical equipment or supplies, provide details:
17. LOSS HISTORY – Submit company produced 5 year loss history with clearly marked valuation date with breakdowns of incurred losses (including paid and reserves for indemnity and expenses), current status and an explanation for each loss (with detailed explanations for large losses).

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS SUPPLEMENTAL APPLICATION SHALL BE PART OF THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS SUPPLEMENTAL APPLICATION WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE APPLICANT.

Name of Applicant: _____

Title: _____

Signature: _____

Date: _____