PROFESSIONAL LIABILITY INSURANCE COVERAGE

Name of Carrier:	Policy Number:
Address of Carrier:	Phone Number:
Amounts Per Occurrence/Aggregate:	Dates of Coverage:

Do you participate in the Louisiana Patients' Compensation Fund?	❑ Yes	❑ No
Are you self-insured in accordance with the Louisiana Medical Malpractice Act?	❑ Yes	❑ No
Has current liability insurance carrier required exclusion of any procedures from insurance coverage? (If yes, attach explanation)	❑ Yes	❑ No

Please attach a copy of the current Certificates of Insurance.

GENERAL QUESTIONS

Please check the appropriate response to the following questions:
If you answered YES to any of the questions below, please attach a full explanation on a separate page.

	YES	NO	N/A
1. Has any disciplinary action ever been instituted against your license to practice in your profession in any state or country, or is any such action currently pending against you?	◉	○	○
2. Has any disciplinary action ever been instituted against your DEA registration or CDS license, or have you voluntarily surrendered or limited your registration, or is any such action pending?	○	○	○
3. Have you ever been convicted of, or pleaded nolo contendere to, or are you currently under investigation for federal or state felony or other criminal charge or have you ever served a prison sentence?	○	○	○
4. Have you ever been suspended from the Medicare or Medicaid program, or has your participation status ever been modified?	○	○	○
5. Have your clinical privileges at any hospital or healthcare institutions been voluntarily or involuntarily revoked, not renewed, or subjected to probationary or other disciplinary conditions, or has any proceeding been instituted or recommended by a hospital administration, medical staff committee or governing board?	○	○	○
6. Have you ever received a sanction from any regulatory agency (e.g., CLIA, OSHA, etc.)?	○	○	○
7. Have you engaged in the illegal use of drugs within the past two years? "Illegal use of drugs" means the use of controlled substances obtained illegally, not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.	○	○	○
8. Do you currently have any ongoing physical or mental impairment or condition which would make you unable, with or without reasonable accommodation, to perform the essential functions of a practitioner in your area of practice, or unable to perform those essential functions without a direct threat to the health and safety of others?	○	○	○
9. Do you, your business entity or any family member have an ownership greater than 5% in any medical enterprise or business? If YES, please enter the ownership percentage _____ and attach a full explanation.	○	○	○
10. Are you presently a named defendant in a pending professional liability lawsuit? If YES, please enter the number of cases _____ and attach a full explanation of each.	○	○	○
11. During the past 5 years has any adverse medical review panel opinion been rendered, has any settlement or judgment been made, or has any payment been made by you or on your behalf in a professional liability action or potential action? If YES, please enter the number of cases _____ and attach a full explanation of each.	○	○	○