

COVER-PROSM APPLICATION
MEDICAL BILLING SERVICE SUPPLEMENT

1. Full name of the Applicant Firm:
2. Does the Applicant have any national certifications? Yes No **Please provide a list all certifications.**
3. How many continuing education credits did the Applicant complete in the past twelve months?
4. Is the Applicant a member of any national billing / coding associations? Yes No **Please provide a list of all memberships.**
5. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

| | |
|-------------------------|--------------|
| Billing / Audit: | % |
| Transcription: | % |
| Coding: | % |
| Collections: | % |
| Other:(specify) | % |
| TOTAL MUST EQUAL | 100 % |
6. Does the Applicant provide record storage for a third party? Yes No **If yes, please provide the security controls in place.**
- 7a. Does the Applicant receive money directly from an insurance carrier? Yes No
- 7b. Does the Applicant have crime coverage in place? Yes No
If yes, what is the limit of liability? \$
8. Does the Applicant use a "fee-splitting" procedure when charging providers? Yes No
9. Does the Applicant perform collection services on clients' patients accounts that are over 90 days past due?
Yes No **If yes, what percentage of total accounts handled are over 90 days old?** %
10. Does the Applicant have HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance procedures in place? Yes No **If yes, describe all procedures.**

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-ProSM application and is subject to the same conditions as stated on the application.

Name (Please Print) _____ Title **(Must be Principal, Partner or Officer)**

Signature _____ Date

Agent Name _____ Agency Number

Agency Address

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date