



Home Care/Hospice/Medical Registry Supplemental Application New Business

Instructions:

- This application must be completed in addition to the Healthcare Facility General Application for Liability Insurance.
- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space for a response, continue in the Comments Section of this application or attach a separate sheet of paper.
- Coverage will not be considered until this supplemental application and the general application are completed and all required documents are provided.

Name of Applicant: _____
 (Whenever used, the term "Applicant" shall include all entities proposed for coverage.)

Indicate the type of service(s) provided by the Applicant and complete the sections as instructed.

TYPE OF SERVICE

- Home Health Care
- Hospice Care
- Medical Registry

APPLICATION INSTRUCTIONS

- Complete Section A only
- Complete Section A only
- Complete Section B only

A. Home Health Care/Hospice

Check here if not applicable.

1. Specify the current number of patients: _____

Average percentage of pediatric patients (ages birth through 18): _____%
 Average percentage of adult patients (ages 19 and older) _____%

2. Are services provided under the direction and supervision of a physician based on physician orders and plan of care? Yes No

3. How often are status reports given to the ordering physicians? _____

4. Describe back-up procedures if assigned staff is not available to make a scheduled visit (include how absence is detected, who is assigned to cover and timeliness):

5. What is the typical daily visit load for a full-time nurse (include number of patients seen per day): _____

6. Are patients being transported? Yes No
 If yes, how are they transported? Agency Vehicle Employee Vehicle Other: _____

7. Are volunteers utilized? Yes No
 If yes, what type of services do they provide? _____

Are criminal background checks performed on volunteers? Yes No

9. Is there annual in-service training documented for all healthcare staff related to:

- High-technology equipment areas Safe client lifting, transferring and ambulating techniques
- Proper use of equipment Infection control and safety
- Managing emergencies Other (explain) _____

10. Are assessments and/or evaluations of staff performed? Yes No If yes, how often: _____
 Are assessments/evaluations documented in writing? Yes No

