

Physicians and Surgeons Part Time Credit Application

A. APPLICANT INFORMATION

Name: _____
First Name Middle Last Name

Professional Solutions Insurance Company Policy Number (if applicable): _____

Primary Practice Location: _____
Street City State Zip County

B. PRACTICE INFORMATION

1. What is your average number of **direct patient care** hours per week? _____

2. How many years have you been practicing less than 21 hours per week in **direct patient care**? _____

*For the purposes of this section, **direct patient care** is defined as medical professional services rendered that could form the basis of a claim by a patient against the insured. This includes but is not limited to:*

Performing medical professional services on a patient; consulting or making a diagnosis of a patient's medical condition; prescribing medicine or medical treatment; updating, dictating or reviewing a patient's medical records; and supervising or consulting with healthcare staff regarding the patient.

C. SIGNATURE REQUIRED

By signing below I certify that the information above is true and accurate, and that I will report any increases in my performance of direct patient care activities which would affect my eligibility for the Part Time Credit.

I understand that if I exceed a maximum of 21 hours of direct patient care per week, Professional Solutions Insurance Company may revoke the credit.

I further certify that I am aware that any misrepresentation could adversely affect my coverage and could result in the cancellation of my policy.

For residents of all states except Oklahoma:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Oklahoma residents: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Signature of Applicant

Date

Signature of Agent

Date