

For direct primary care practices charging a membership fee instead of billing insurance, and concierge practices charging a retainer on top of insurance billing. Conventional clinics use CWCO-SUP-MEDCLINIC. Complete with ACORD 125 and the carrier's medical professional application. Attach the provider roster, a sample membership agreement, any employer contracts, the dispensing formulary, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
PRACTICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Professional corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

Practice model:
☐ Direct primary care (no insurance billing) ☐ Concierge (retainer plus insurance billing) ☐ Hybrid

1-1 Did the practice convert from a traditional insurance-based practice? ☐ Yes ☐ No
 IF YES, EXPLAIN

2 OPERATIONS

Providers and members:
 Physicians NPs / PAs Active members Members per physician Employer groups

MONTHLY / ANNUAL MEMBERSHIP FEE (\$)	AGE RANGE OF MEMBERS	STATES WHERE MEMBERS LIVE

Services included (check all that apply):
☐ Unlimited office visits ☐ 24/7 phone or text access ☐ Telehealth visits ☐ Home visits ☐ In-office medication dispensing
☐ Labs at cost ☐ Minor procedures ☐ Hospital visits

2-1 Does the practice see pediatric patients? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the practice provide care under contracts with employers or health plans? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MEMBERSHIP MODEL & REGULATION

Some states treat membership medicine as insurance unless it meets a DPC exemption. Practices still enrolled in Medicare face civil penalties and exclusion if members are charged for Medicare-covered services.

3-1 Does every member sign a written agreement listing covered and non-covered services? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Does the agreement state that membership is not health insurance? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Does the practice qualify under the state's direct primary care law, where one exists? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Has every physician opted out of Medicare? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 If any physician is enrolled in Medicare, are membership fees kept separate from Medicare-covered services? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are members told in writing how to get care the practice does not provide? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Is there a written process for ending memberships that gives patients time to find new care? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 When converting, did the practice help patients who did not join find new physicians? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ACCESS, DISPENSING & CLINICAL CARE

Membership practices promise fast access by phone, text, and video, so advice given after hours and outside the office becomes part of the care record. Many also dispense medications on site.

4-1 Are phone, text, and app conversations with patients documented in the medical record? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a written backup plan when the physician is unavailable? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is every telehealth provider licensed in each state where members are located? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Does the practice dispense medications on site? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 4-4, does the practice hold any required state dispensing permit? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Does the practice dispense controlled substances? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is there a system for tracking lab results, imaging, and referrals until they are completed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Do physicians make home visits? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	MEMBERSHIP REVENUE (\$)	DISPENSING / LAB REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE CARRIER / LIMITS	RETROACTIVE DATE	EXPIRATION DATE

DATE OF CLAIM	PROVIDER / DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1 Has a member claimed a missed or delayed diagnosis? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a state insurance department or Medicare contractor questioned the membership model? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7

RISK MANAGEMENT & SAFETY

7-1

Are membership agreements reviewed by a health care attorney?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2

Are text messages with patients sent through a HIPAA-compliant platform?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3

Are dispensed medications stored, labeled, and logged under a written policy?

☐ Yes ☐ No

IF NO, EXPLAIN

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SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE