

Covers medical billing and coding companies, revenue cycle management firms, clearinghouse resellers, credentialing services, and independent coders working for physicians, hospitals, labs, ambulance services, and other providers. Complete with ACORD 125. Attach a sample client contract and business associate agreement, the most recent coding audit, and the information security policy.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

CODING CERTIFICATIONS HELD BY STAFF (CPC, CCS, RHIT)	BILLING SOFTWARE / CLEARINGHOUSE USED

2 OPERATIONS

DESCRIPTION OF THE BUSINESS (SERVICES, CLIENT TYPES, SPECIALTIES, PAYERS BILLED)

Services provided (check all):

- ☐ Claims submission ☐ Medical coding ☐ Denial management / appeals ☐ Patient statements & collections ☐ Credentialing / enrollment
☐ Prior authorization ☐ Revenue cycle consulting ☐ Compliance / coding audits

CLIENT SPECIALTY	% OF REVENUE

Specialties: emergency medicine; anesthesia; radiology; laboratory; ambulance; behavioral health; physical therapy; DME; home health / hospice; primary care; surgery; dental.

Size and volume:

Provider clients Claims per year Patient records held Coders Offshore staff

3 EXPOSURE & RISK QUESTIONS — CODING, BILLING & FRAUD EXPOSURE

A billing company paid \$4.6 million to settle False Claims Act allegations that its coding formula pushed emergency claims to higher levels than documented. A former employee brought the case.

3-1 Does the applicant assign or change procedure and diagnosis codes for clients? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Is the applicant paid a percentage of collections rather than a flat fee? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Is coding audited by an independent reviewer at least annually, with error rates tracked? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4	Are coding software rules or templates reviewed to avoid automatic upcoding?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Is there a written compliance program, hotline, and process for reporting overpayments within 60 days?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Are staff and clients screened against the OIG exclusion list monthly?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Does the applicant collect patient balances, and does it follow debt collection laws?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	Has the applicant or a client received a payer audit, subpoena, or False Claims Act claim tied to its work?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — DATA SECURITY & CONTRACTS

The 2024 Change Healthcare ransomware attack exposed data on 192.7 million people and disrupted claims processing for months.

4-1	Is a business associate agreement signed with every client and subcontractor?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Is multi-factor authentication required for email, remote access, and billing systems?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are backups encrypted, stored offline, and tested for restoration?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Do any staff or subcontractors outside the U.S. access patient data?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Is there a backup clearinghouse or plan to keep claims flowing if the main one goes down?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Do client contracts cap the applicant's liability and exclude lost revenue and payer penalties?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Has the applicant had a data breach, ransomware attack, or misdirected payment in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	NUMBER OF 1099 CODERS
PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE)	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)	CLIENT COLLECTIONS PROCESSED (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT E&O CARRIER	E&O LIMIT / RETRO DATE	CYBER CARRIER / LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has a client claimed lost revenue, denied claims, or penalties caused by the applicant's errors? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are coders trained annually on coding updates and payer rules? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there an incident response plan for breaches, including client and HHS notification? ☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are billing records and audit trails kept for at least 10 years? ☐ Yes ☐ No

IF YES, EXPLAIN

8 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

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