ORTHOPEDIC SURGEON SUPPLEMENTAL

For orthopedic surgery practices, including spine, joint replacement, sports medicine, trauma, and physician-owned ASCs. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

PRACTICE LEGAL NAME	DBA	FEIN	YEARS IN PRACTICE

PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

PRIMARY CONTACT / TITLE	PHONE	EMAIL

GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

☐ Physicians ☐ PAs / NPs ☐ CRNAs ☐ Nurses / MAs ☐ Other employees ☐ Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute ☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No

IF YES, EXPLAIN

PROCEDURE	ANNUAL VOLUME	% IN HOSPITAL	% IN ASC	% IN OFFICE

List spinal fusion (with levels per case), laminectomy, total hip and knee, arthroscopy, fracture fixation, and injections.

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3 EXPOSURE & RISK QUESTIONS — SURGERY, SELECTION & WRONG-SITE

In MedPro orthopedic claims, surgery made up 79% of cases and 81% of dollars, and patient suitability for the procedure drove 60% of high-severity cases. A 2026 verdict involved a surgeon reviewing the wrong X-ray.

3-1 Are written patient selection criteria used for elective spine and joint surgery? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is the operative site marked and confirmed in a time-out for every case? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Is the spinal level confirmed by imaging during every spine case? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is neuromonitoring used for spine cases? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are surgical site infection rates tracked? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are post-op symptoms of nerve, vessel, or cord compromise escalated under a written protocol? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Are epidural, facet, or joint injections done in the office? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 3-7, is image guidance used? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — IMPLANTS, ASCS & INDUSTRY TIES

Spine cases in 2026 alone included pedicle screw and spinal cord stimulator suits, a $3.7 million settlement over medically unnecessary surgery, and a device-company kickback plea.

4-1 Are implant lot and UDI numbers logged for every patient? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a process to notify patients of implant recalls? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Have any patients been involved in implant recalls or device litigation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does any provider own or invest in an ASC? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 4-4, does the ASC carry its own separate limits? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Does any provider have consulting, royalty, or equity ties to device companies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the practice use a physician-owned distributorship? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a payer or government agency reviewed medical necessity or billing in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	ASC / ANCILLARY REVENUE ($)	MEDICARE / MEDICAID REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER	ENTITY LIMITS (SEPARATE OR SHARED)	RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED ($)	OPEN / CLOSED

6-1 Has any claim involved wrong-site surgery or a retained object? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 Is every test result and referral tracked until the patient is notified and follow-up is done? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is surgical video or imaging retained under a written policy? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Are complications reviewed in a formal peer review? ☐ Yes ☐ No
IF NO, 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, 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