

Covers orthotic and prosthetic clinics and practitioners — evaluating, casting or scanning, fabricating, fitting, and adjusting artificial limbs, custom orthoses, cranial helmets, and diabetic shoes, plus central fabrication labs. General DME suppliers use CWCO-SUP-DME. Complete with ACORD 125. Attach practitioner certifications and facility accreditation.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Hospital-owned

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ABC / BOC ACCREDITATION / STATE O&P LICENSES	MEDICARE SUPPLIER (PTAN) NO.

2 OPERATIONS

SERVICE	% OF REVENUE

Services: lower-limb prosthetics; upper-limb / myoelectric prosthetics; custom orthoses (spinal, knee, ankle-foot); pediatric / cranial helmets; diabetic shoes and inserts; off-the-shelf bracing; hospital / post-op fittings; central fabrication for others.

Fabrication (check all):

- ☐ In-house fabrication lab ☐ Central fabrication (outsourced) ☐ 3D scanning / printing ☐ Carbon fiber / resin lamination
☐ Fabrication for other clinics

Size:

- Certified practitioners Technicians Patients per year Clinic locations Hospitals served
 Employees

3 EXPOSURE & RISK QUESTIONS — FITTING, FALLS & DEVICES

A new above-knee amputee fell during gait training, broke her hip, and needed more surgeries; the claim settled for more than \$500,000.

3-1	Are all fittings performed by certified or licensed practitioners?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-2	Are patients checked for skin breakdown and socket fit at scheduled follow-ups?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-3	Does the applicant provide gait training or walking instruction with new prostheses?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-4	Has a patient fallen or been injured using a device the applicant fitted?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-5	Does the applicant fabricate or modify components rather than use manufacturer parts as designed?	☐ Yes ☐ No
	IF YES, EXPLAIN	

3-6 Are cranial helmets or devices fitted on infants and children? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has a component failed, broken, or been recalled while in patient use? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — BILLING, REFERRALS & LAB

A Louisiana prosthetics company paid \$1.6 million in 2020 over allegations it billed through another supplier's number and routinely waived coinsurance.

4-1 Does the applicant bill Medicare, Medicaid, or the VA? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are custom devices billed only when truly custom-fabricated for the patient? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are patient coinsurance and deductibles collected rather than routinely waived? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Do manufacturer reps or non-certified staff fit or deliver devices? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has the applicant had a Medicare audit, prepayment review, or repayment demand? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the lab use saws, grinders, ovens, or resins with ventilation and guarding? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the applicant fabricate devices sold under its name to other clinics? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	CONTRACT PRACTITIONERS
ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT PAYER REVENUE (\$)	CENTRAL FAB SALES (\$)

6 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT PROFESSIONAL LIABILITY CARRIER	LIMIT / DEDUCTIBLE	RETROACTIVE DATE

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 patient injury or device claim been made against a practitioner? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF CLAIM	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

7-1

Are patient instructions on wear, skin checks, and falls given in writing at delivery?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Is there a written billing compliance program with periodic outside audits?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Are fabrication records and component lot numbers kept for every device?

☐ 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