OSTEOPATHIC PHYSICIAN (DO) SUPPLEMENTAL

For U.S. osteopathic physicians (DOs), including primary care, sports and musculoskeletal practices, and osteopathic manipulative treatment (OMT). 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

Primary specialty:
☐ Family medicine ☐ Internal medicine ☐ Pediatrics ☐ Sports medicine ☐ Neuromusculoskeletal medicine (OMM) ☐ Other

BOARD CERTIFICATION (AOA OR ABMS) | SHARE OF VISITS INCLUDING OMT (%)

OMT techniques used (check all that apply):
☐ High-velocity, low-amplitude (HVLA) ☐ Cervical HVLA ☐ Muscle energy ☐ Counterstrain ☐ Cranial ☐ Balanced ligamentous tension ☐ Myofascial release

3 EXPOSURE & RISK QUESTIONS — MANIPULATION & CONSENT

The American Heart Association calls the link between cervical manipulation and artery dissection suggestive but not conclusive, and says patients should be told before cervical manipulation. Dissection causes 8-25% of strokes in people under 45.

3-1 Is written informed consent for OMT obtained, including the cervical artery dissection risk? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-2 Are patients screened for new headache, neck pain, or neurologic signs before cervical manipulation? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Is OMT changed or avoided for osteoporosis, anticoagulation, or connective tissue disorders? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is OMT provided to infants or young children? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is OMT provided during pregnancy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Do residents, students, APPs, or therapists perform OMT under your supervision? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is OMT given at events, athletic training rooms, or outside the office? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has a patient reported a stroke, fracture, or neurologic injury after OMT? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PRIMARY CARE & OTHER SERVICES

Most DOs practice primary care, where missed and delayed diagnosis is the main malpractice exposure.

4-1 Are abnormal labs and imaging tracked until the patient is notified? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are cancer screenings tracked with reminders? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are controlled substances prescribed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 4-3, is the prescription monitoring program checked before prescribing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are injections such as prolotherapy, PRP, or trigger points performed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is the practice cash-pay or concierge? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Do providers teach at a college of osteopathic medicine or residency? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Does the practice employ or contract with osteopaths trained outside the U.S.? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	OMT / PROCEDURE REVENUE ($)	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 alleged injury from manipulation? ☐ 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 OMT documented with technique, region, and patient response? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Does the current policy list OMT as a covered procedure? ☐ 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