PAIN MANAGEMENT CLINIC SUPPLEMENTAL

For interventional pain and medication-management practices — injections, ablation, spinal cord stimulators, and controlled-substance prescribing. Regenerative medicine uses CWCO-SUP-REGENMED; ketamine clinics use CWCO-SUP-KETAMINE. Complete with ACORD 125 and the carrier's medical professional application. Attach DEA registrations for every location, any state pain clinic certification, the urine drug testing policy, and ten years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Professional corporation ☐ LLC ☐ Hospital-owned ☐ Private equity / MSO-backed

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE PAIN CLINIC LICENSE / CERTIFICATION	DEA REGISTRATIONS (ONE PER LOCATION)

2 OPERATIONS

PROVIDER NAME	TYPE (MD / DO / APRN / PA / CRNA)	BOARD CERTIFICATION	PRESCRIBES SCHEDULE II?

Services (check all that apply):

☐ Epidural / facet injections ☐ Radiofrequency ablation ☐ Spinal cord stimulator trials ☐ Spinal cord stimulator implants ☐ Intrathecal pumps

☐ Medication management ☐ Buprenorphine / addiction treatment ☐ In-office sedation ☐ Ambulatory surgery center

Volume (last 12 months):

_____ Patient visits _____ Procedures _____ Locations _____ Patients on long-term opioids

2-1 Does a majority of patients receive monthly opioids or benzodiazepines? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does any patient pay cash for controlled-substance visits? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PRESCRIBING, DEA & URINE DRUG TESTING

Pain clinics have paid $41 million and $13.6 million to settle False Claims Act cases over automatic urine drug testing. DEA has fined clinics for missing Schedule II transfer forms and a missing registration for a second location.

3-1 Does each practice location hold its own DEA registration? ☐ Yes ☐ No

IF NO, EXPLAIN

3-2 Are Schedule II drugs stored, transferred, or dispensed on site? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 If yes to 3-2, is a DEA biennial inventory on file? ☐ Yes ☐ No

IF NO, EXPLAIN

3-4 Is the state prescription monitoring database checked before every controlled-substance prescription? ☐ Yes ☐ No

IF NO, EXPLAIN

3-5 Does every patient on long-term opioids have a signed treatment agreement? ☐ Yes ☐ No

IF NO, EXPLAIN

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

3-6 Is naloxone co-prescribed for patients at higher overdose risk? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Do APRNs or PAs prescribe Schedule II drugs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Does the clinic own or have a financial interest in a drug-testing lab? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are urine drug tests ordered under a standing protocol rather than per patient? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Are confirmatory tests ordered only after reviewing the screening result? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 Has the clinic received a subpoena, civil investigative demand, or DEA inspection in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — INTERVENTIONAL PROCEDURES, SEDATION & DEVICES

FDA has reported 428 deaths linked to spinal cord stimulators and urged a trial period before permanent implant. Injection complications and sedation events drive the clinical severity.

4-1 Are procedures performed under fluoroscopic or ultrasound guidance? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is a stimulator trial always completed before a permanent implant? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are injectable steroids bought only from FDA-registered manufacturers or 503B outsourcers? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Is moderate or deep sedation given by anyone other than an anesthesia provider? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are patients on blood thinners managed under a written peri-procedure protocol? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is resuscitation equipment checked daily in procedure rooms? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are procedure-specific consent forms used? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Does the practice receive payments from device or drug manufacturers? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	MEDICARE / MEDICAID (%)	LAB / ANCILLARY REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 10 years.

MEDICAL PROFESSIONAL CARRIER / LIMIT	REGULATORY / BILLING E&O LIMIT	RETROACTIVE DATE

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

6-1 Has any patient overdose or death been linked to a clinic prescription in the past 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider had a DEA registration or state license restricted or surrendered? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 10 years? ☐ 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 Is billing audited by an outside coder at least once a year? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a written compliance program with a named compliance officer? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are diversion and theft of controlled substances reconciled at least monthly? ☐ 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