NAS insurance

16501 Ventura Blvd. Suite 200 Encino, CA 91436
LIC #0677191 · NASinsurance.com

Medical Billing Supplemental Application

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

Name of Applicant: ______________________________

1. a. Total annual projected billings: ____________________
   b. Percentage of annual projected billings attributable to Medicare Patients: __________%
   c. Percentage of annual projected billings attributable to Medicaid Patients: __________%

COMPLIANCE

2. Does the applicant provide services as a collection agent? ☐ Yes ☐ No
3. a. Do you have a billing compliance program in place for Billing Errors? ☐ Yes ☐ No

   b. Do you have a billing compliance program in place for HIPAA? ☐ Yes ☐ No
4. Who is responsible for compliance? ______________________________
5. How often are billing reviews performed and by whom? ______________________________

LOSS HISTORY

After inquiry, have you or any member of your staff or any person or entity for whom you perform billing services ever:

6. Been investigated or sanctioned by any local, state or federal government agency or private payor regarding the delivery of health care services or reimbursement thereof? ☐ Yes ☐ No
7. Had to refund amounts to Public and/or Private payers in each of the last 3 years? If **"Yes",** please provide estimated amounts: ☐ Yes ☐ No

   Current Year (Fiscal): Public: $____________ Private: $____________
   Last Year (Fiscal): Public: $____________ Private: $____________
   2 Years Ago (Fiscal): Public: $____________ Private: $____________
8. Been audited or investigated with regard to Medicare/Medicaid billing practices or utilization of Medicare/Medicaid services? ☐ Yes ☐ No
9. Been accused of errors by any government agency or commercial payer? ☐ Yes ☐ No
10. Do you have knowledge of any claims or facts, circumstances, situations, events or transactions that may result in a claim which may be covered by the proposed policy? ☐ Yes ☐ No

I understand that the information submitted herein becomes a part of my Application, and in the event that coverage is bound, is subject to the same warranty and conditions.

Authorized Signature (Must be signed by an Executive): ______________________________

Printed Name of Signor: ______________________________

Date: ______________________________