

PMIS

Medical Group Provider Excess Quote

Please use this Quote form to submit your current information:

_____ Please send me an application.

_____ Please have a representative call me at _____.

Contact Information

First Name: _____ Last Name: _____ Title: _____

Street Address: _____ State: _____ Zip: _____

Email address: _____ Fax: _____ Phone: _____

Insured's name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Title: _____

Applicant is: _____ IPA _____ Group Practice _____ Other _____

explain): _____

Capitated Contract Arrangements: (current year)

Name of MCO: _____ Members: commercial _____ Members: medicare _____ Members: others _____ capitation date: _____

1

2

3

4

5

6

7

Capitated Contract Arrangements (prior year)

Name of MCO: Members: commercial Members: medicare Members: others capitation date:

1

2

3

4

5

6

Describe how doctors are compensated and how they share in financial outcomes:

Provide the number of practitioners who are under contract to you: Share financial risk?

Primary care physicians

Specialty care physicians

Pharmacies

Hospital Emergency Services

Dentists

Limited Practitioners

Optometrists/Podiatrists

How do patients access primary care physicians? How are referrals to specialist physicians managed?

What techniques are employed to control over-utilization?

Monitor expensive procedures?

Is there a psych. review procedure?

Controls over unit costs?

Capitated Medical Services Provided? (Please submit the cap. contract or the financial responsibility matrix for each MCO).

Hospital based physician services:

16800 Greenspoint Park Drive, Suite 255N Houston, Texas 77060
281/872-5000 Fax 281/872-5011 National 877/583-5510
www.ProMedIns.com

Anes. Radio. Pulm. Path. Neuro.

Other services:

Out-of -area Emerg. DME Nephro. Ambulance Rad/Onco. Pulm. Skilled nurse. Home health Psych. Cardio.

Specialty services:

Is the medical group responsible for the following:

Organ transplant center? Neonatal services? Trauma? Burn? Inpatient facility chrg's
Risk sharing arrangements:

How does the group and hospital share profits and losses?

Referrals: Are you financially responsible for referrals to other specialists?

What services are referred to other groups?

What discounts have been negotiated with recipient groups?

Current coverage: Carrier: Deductible per member: Coinsurance %

-

Eligible charges: Rate per member per month:

Coverage desired: Deductible: \$7500 \$10,000 15,000 \$20,000 other:

Coinsurance %:

Maximum eligible expenses:

A. billed charges: %

B. Scheduled (RBRVS, CRVS, etc.) %

Conversion factors:

\$ medicine \$ surgery \$ radio.\$ path.\$ anes.\$ other

Can you provide a copy of the existing reinsurance contract, complete with endorsements and declarations pages (the face sheets showing the names, indemnity periods, PMPM specifics, etc.) so that we may properly match the new quotation to your reinsurance contract terms?

Can you provide an updated loss run/claims history for at least two years; preferably one generated by your current insurer?

For what reason(s) are you seeking new quotations?