



ADDENDUM TO PROFESSIONAL
LIABILITY APPLICATION

RE: NURSING HOME QUESTIONNAIRE

1) Are you a Medical Director at one or more nursing homes? ____Yes____No.

2) If so please list:

3) Do you routinely visit nursing homes as part of your practice? ____Yes____No

4) Do you cover for other physicians in the nursing home? ____Yes ____No
If yes, please explain: _____

5) Do other physicians cover for you in the nursing home? ____Yes ____No
If yes, please explain: _____

6) Does your facility have a decubitus care policy? ____Yes ____No
If so please attach.

7) Percentage private pay vs. Medicare/Medicaid: (please denote each location)

Private Pay % _____.

Medicare/Medicaid % _____.

8) Does Nursing Home(s) have liability Insurance, i.e. professional and general liability? ____Yes ____No

9) If so, with whom? Please provide a certificate of insurance

Signature X _____ Date: _____