

CERCLE PROFESSIONAL NETWORK LLC

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CAMP MED CASUALTY & INDEMNITY COMPANY, INC. OF MARYLAND

PHYSICIAN INFORMATION SUMMARY FORM

1. PHYSICIAN INFORMANTION

- a. Physician Name (including professional degree) _____
- b. Medical License No. _____
- c. Name of Corporation, Partnership or Association _____
- d. Principal Business Street Address _____
- e. Principal Business City, State & Zip _____
- f. Principal Business Phone & Fax _____
- g. Additional Business Locations _____

2. PHYSICIAN PRACTICE

- a. What is your medical specialty? _____
- b. American Board certification, original date, & recertification dates _____
- c. Do you perform surgery in your office? If yes, please provide # of surgeries per week & describe procedures _____
- d. Do you perform surgery at non-hospital or hospital facilities. If yes, please provide # of surgeries per week & describe procedures _____
- e. Number of hours per week _____
- f. Number of office patients per week _____
- g. Number of nursing home/assisted living patients per week _____

3. MEDICAL PROFESSIONAL LIABILITY HISTORY

- a. Please list professional liability insurance carried for the past five years

Insurance Co.	Effective Date	Expiration Date	Claims-Made Y/N	Occurrence Y/N	Retroactive Date

PHYSICIAN INFORMATION SUMMARY FORM

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- b. Have you ever had any professional liability insurance cancelled, declined, refused to renew or accepted only on special terms? If yes, please explain _____

- c. Number of claims or suits brought against you during the past 10 years as a result of medical professional services rendered _____
- d. Number of claims or suits in Item c. above in which judgment or settlement paid to Plaintiff on your behalf (list dates closed and amounts of judgment/settlement below) _____
- e. Number of claims or suits in Item c. above that are pending _____
- f. Have you ever been charged or convicted of any crime, or are you currently under investigation for a criminal act, other than minor traffic violations? _____
- g. Have you ever been the subject of investigation or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital, or professional association? If yes, please explain _____

- h. Are you aware of any acts, errors, omissions or circumstances which may result in a malpractice claim or suit being made or brought against you? If yes, please explain _____

Signature of Physician

Date