



Coverys Specialty Insurance Company

SUPPLEMENTAL APPLICATION – MEDICAL BILLING

- 1. Name of applicant or insured: _____
- 2. Please indicate the percentage of the applicant’s revenue that is derived from each of the following, must total 100%:

PRACTICE AREA	PERCENTAGE OF RE VENUE
a. Billing/coding	%
b. Audit	%
c. Transcription	%
d. Collections	%
e. Other (please describe) _____ _____	%
Total	100%

- 3. If collections services are provided, to what extent does the applicant pursue delinquent payments?

4. Does the applicant provide collection services to related entities? Yes No

5. Does the applicant provide any records storage for a third party? Yes No

If “Yes,” please provide details on security measures that are utilized to maintain privacy: _____

6. Does the applicant have HIPAA compliance procedures in place? Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____