

# Introducing the HealthCare Partners Medical Malpractice Insurance Program

Developed to bring exceptional coverage to HealthCare Partners physicians while providing outstanding value. Exclusively administered by CBIZ and endorsed by HealthCare Partners.



## Financial Stability

- \$6 billion in assets
- \$2.2 billion in surplus
- Nation's largest physician-owned insurer



## Excellent Coverage

- Occurrence and claims-made coverage available
- Accepted by all New York hospitals
- Tribute® Plan Account — an unrivaled financial benefit that rewards physicians for loyalty and dedication to superior patient care

### Premium Considerations

Proprietary HCP Credit:	<b>10%</b>	New Graduate Credit:	<b>up to 50%</b>
Claim Free Credit:	<b>up to 12%</b>	Consent Waiver Credit:	<b>5%</b>
Part Time Credit:	<b>up to 50%</b>	Pay in Full Credit:	<b>2%</b>
Risk Management Credit:	<b>5%</b>		



## Patient Safety

- Innovative resources to reduce risk
- *The Doctor's Advocate* newsletter
- Specialty-specific closed claim studies
- Customized patient safety services
- Educational webinars including free CME for physicians
- On-site practice audits



## Legal Representation

- The Doctors Company provides access to the most knowledgeable and most respected malpractice defense attorneys
- Relentless defense of your reputation



# Quick Quote Form

## Practice Information

First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Specialty: \_\_\_\_\_

County where practice is located: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Do you practice 20 hours a week or less?  Yes  No

Are there other physicians or mid-level providers in your practice?  Yes  No

## Insurance Information

Current insurer: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Policy type:  Occurrence  Claims-made (Retroactive Date: \_\_\_\_\_)

Coverage limits:  \$1M/3M  \$1.3M/3.9M  \$2.6M/6.9M \_\_\_\_\_ Other

Do you currently have Section 18 excess coverage?  Yes  No

Have you been a party to a malpractice claim, suit or incident (please answer both 1 & 2):

**1)** In the past 6 years  Yes  No **2)** In the past 10 years  Yes  No

Did you complete your medical training and/or military service within the last 3 years?

Yes  No If yes, date of completion: \_\_\_\_\_

Do you have active hospital privileges?  Yes  No

If yes, please list hospitals: \_\_\_\_\_

\_\_\_\_\_

Please complete this form and submit by email to  
**HCP@cbiz.com** or fax to **(770) 777-2029** for your Quick Quote

Questions? Call Nelson Guzman at (404) 791-8822 (nguzman@cbiz.com)  
or Jack Guzman at (678) 836-8473 (jack.guzman@cbiz.com)