

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

- \$7.8 billion in assets
- \$3.1 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:	15%	New Graduate Credit:	up to 50%
Claim Free Credit:	up to 12%	Consent Waiver Credit:	5%
Part Time Credit:	up to 50%	Pay in Full Credit:	2%
Risk Management Credit:	5%		



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 Austin Cowart at (706) 483-2591 (Austin.cowart@cbiz.com)