



1. Name: _____ Policy #: _____

2. Shared practice address: _____

3. Please provide the names of all partners, associates and physician employees:

4. Please provide the names of their professional liability insurance carriers:

5. Does the public view you as associates or partners? Yes No

6. Do you have a trade name? Yes No

If yes,

a. Please list the name: _____

b. Is it a legal entity? Yes No

What type:

- | | |
|---|--|
| <input type="checkbox"/> Professional Service Corporation | <input type="checkbox"/> Other Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (please describe) |

Please provide a copy of the articles of Incorporation if applicable.

c. Who are the owners?: _____

7. Do you have a common waiting room or entrance? Yes No

8. Do you share office space? Yes No
If yes, does each physician have separate areas and/or examining rooms? Yes No

9. Do you have a lease? Yes No

Whose name appears on the lease? _____

Are there formal agreements to sublet space? Yes No

10. Do you share employees? Yes No

Which employees? _____

Who employs the staff? _____

What are your arrangements to remunerate the shared employees?

11. Do you each have your own stationery? Yes No
PLEASE ENCLOSE A SAMPLE.
12. Do you have a common billing system? Yes No
If yes, is it clear from the statement which physician Yes No
rendered medical services?
13. Do you have a joint bank account? Yes No
14. Do you file patient records together? Yes No
15. Do you treat each other's patients other than during after Yes No
hours calls?

If yes, please describe the circumstances under which you might do so:

Name of person completing this questionnaire:

Name

Date

Washington State law requires us to inform you of the following: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.