

SUPPLEMENTAL APPLICATION FOR MIDLEVEL PROVIDERS PROVIDING CARE TO OBSTETRICAL PATIENTS

IMPORTANT: Please do not leave any questions incomplete. Unanswered questions or incomplete information including requested supporting documents will delay the underwriting of your application. Please print or type your answers.

Name: _____
Last First M.I.

Professional Designation: _____

Name of clinic or supervising physician: _____

1. Please describe in detail your training in prenatal/obstetrical patient care and your work experience in prenatal/obstetrical patient care. Please include copies of any relevant certifications you have earned:

2. Please obtain from your employing or contracting physician or clinic group the following:

- (a) Will you be expected to see high-risk obstetrical patients (please see definition of high risk pregnancies under #3 below)?
If yes, please indicate the extent of this part of your practice (e.g., in terms of proportion of your total practice load and the scope of diagnostic and therapeutic procedures performed).

- (b) For Midlevel Providers providing prenatal care, what is the physician's or clinic's protocol for physician referral and/or consult?

(c) What are the clinic's educational and training criteria for (non-CNM) Midlevel Providers who provide prenatal care for patients?

3. Please provide a copy of the clinic's **protocol** for Midlevel Providers involvement in obstetrical patient care. **If the clinic does not currently have a written protocol, one will need to be drafted.** The protocol must include the following elements:

- Our insured physician must be involved in and discuss with the Midlevel Provider the initial evaluation of the patient to determine her risk. Thereafter, the Midlevel Provider may treat scheduled obstetrical patients with the exception that our insured physician sees the patient at least once every trimester. From 36 to 40 weeks the physician should be scheduled to see the patient at least every other visit.
- The Midlevel Provider may not assume responsibility for the management of high-risk pregnancies. High risk pregnancy includes, *but is not limited to*, identifiable prospects of multiple births, preeclampsia, Cesarean section, insulin-dependent diabetes or morbid obesity.

The below physician or authorized representative agrees that the above protocol is or will be followed in your clinic's treatment of obstetrical patients:

Signature of supervising physician or authorized representative

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.

Please return to:

Seattle Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
PO Box 91220
Seattle, WA 98111
(206) 343-7300 (800) 962-1399
F (206) 343-7100

Eastern Regional Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
421 W. Riverside Avenue, Suite 1200
Spokane, WA 99201
(509) 456-5868 (800) 962-1398
F (509) 456-0821

