

1. Practitioner name: _____

2. Name of facility where you practice: _____

3. How many body imaging exams do you perform per month? _____

4. Of those exams how many are specific region scans? _____

Please specify the region (lung, colon, etc.) _____

5. Where does the scanning take place?

Hospital

Mobile unit

Surgical center

Other _____

6. Who requests the exam, if other than referring physician?

7. What are your guidelines for determining need for the exam? _____

8. Do you perform any scans, screening or other exams on self-referred asymptomatic patients?

Yes No

If yes, please describe: _____

Signature

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
1730 Minor Avenue, Suite 1800
Seattle, WA 98101
(206) 343-7300 (800) 962-1399

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