INSURING BEHAVIORAL HEALTH

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Conshohocken, Pa 19428

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Send to: atp-submissions@nsminc.com

Medication Assisted Treatment (MAT) Application

1. Applicant Name: _____
2. Website Address: _____
3. For Profit☐ Not For Profit☐
4. In business since: _____
5. Projected annual revenues: _____
6. Accreditations: CARF☐ JCAHO☐ Other: _____
7. List licensing agencies: _____
8. List any association or trade group memberships: _____

Management

1. Security provided for the protection of your patients/staff: Security Guards☐ Video Cameras☐
2. Measures to protect cash receipts: Safe☐ Armored Car Pickup☐ Alarm System☐
3. Other security and private protection measures: _____
4. Do you have incident reporting procedures? Yes☐ No☐
   If Yes, is a written record kept? Yes☐ No☐
5. Do you obtain criminal background checks on all employees upon hiring? Yes☐ No☐
6. Do you verify employment-related references of new hires? Yes☐ No☐
7. Do you require drug tests for staff members? Yes☐ No☐
8. Do you share written job descriptions with all staff members? Yes☐ No☐
9. Do you verify license standing and credentials of professional staff new hires? Yes☐ No☐
10. Do you utilize contracted professionals? Yes☐ No☐
11. Do you verify that professional liability insurance is in place for all contracted professionals? Yes☐ No☐
12. Do employees ever drive their personal autos on company business? Yes☐ No☐
13. Do you verify that employees driving personal autos have auto liability insurance? Yes☐ No☐
14. Any patient transportation provided? Yes☐ No☐
15. Do you require professional staff to participate in continuous education training? Yes☐ No☐
16. Approximate annual staff turnover rate? _____%

Treatment Programs

1. Methadone Yes☐ No☐ _____%
   Buprenorphine Yes☐ No☐ _____%
   Other: _____ _____%
2. Number of active patients on a medical maintenance program: _____
3. Does dispensing staff verify liquid doses are swallowed by patient before leaving? Yes☐ No☐
4. Are you open 7 days a week? Yes☐ No☐
   If Not, how many days are you open a week? _____
5. Do you allow take home privileges? Yes☐ No☐
6. Do you offer outpatient counseling services? Yes☐ No☐
7. Do you provide detoxification treatment? Yes☐ No☐

8. Do you perform any "rapid detox" procedures under general anesthesia? Yes☐ No☐
9. Describe any operations/programs other than maintenance therapy and outpatient counseling: None☐

_____

_____

Professional Liability

1. Name of executive director/medical director: _____
   Number of years experience in this field: _____ Number of years at this facility: _____
   Specialized training or education: _____
2. Is there always someone trained in CPR/first aid on the premises? Yes☐ No☐
3. Are there procedures in place for handling medical emergencies? Yes☐ No☐
4. Is naloxone for reversing methadone overdose available in your clinic? Yes☐ No☐
5. Intake procedures include physical examination and complete bio-psycho-social documentation? Yes☐ No☐
6. Is a female staff member present whenever a male physician examines a female client? Yes☐ No☐
7. Are blood tests completed upon new client intake? Yes☐ No☐
8. Do new patients sign consent-to-treat documents after thorough explanation of their treatment program, potential health risks, and instruction on recognizing signs/symptoms of methadone overdose? Yes☐ No☐
9. Are first-day doses limited to 30mg or less per federal regulation recommendations? Yes☐ No☐
10. Are all clinical staff trained and familiar with the standard patient bill of rights? Yes☐ No☐
11. Do you utilize an electronic health records system? Yes☐ No☐
12. Are files securely maintained to protect confidentiality of patients' health records? Yes☐ No☐

*For the following section please review your current policy or consult with your insurance agent as needed

13. What is the coverage trigger of your current Professional Liability policy? Occurrence☐ Claims Made☐
14. If Claims Made coverage what is the Retroactive Date? _____
15. What is the deductible amount if any? $_____ None☐
16. Do you want physicians and psychiatrists to be covered under the clinic's professional liability policy? Yes☐ No☐

List all **Physicians** and **Psychiatrists**:

Name			
Specialty			
Board Certified or Eligible			
Years in Practice			
Hours Per-week for Insured			
Employed, Volunteer or Contracted?			
Individual carry own malpractice insurance?			
If yes, does coverage include acts while working for center?			
Will this doctor be covered under this policy?	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐

*P/T – Part Time staff is defined as working 20 or less hours per week

Position	Employees F/T	Employees P/T	Volunteers F/T	Volunteers P/T	Contractors F/T	Contractors P/T
Administrators/Office/ Management Staff						
Maintenance/Janitorial/ Housekeeping						
Dentist/Dental Hygienist						
Nurse Assistant						
Nurse Practitioner						
Nurse – RN/LPN						
Nutritionist/Dietician						
Optometrist						
Pharmacist						
Physician						
Physician Assistant						
Psychiatrist						
Psychologist						
Resident Manager						
Counselor Social Worker - Licensed						
Counselor Social Worker - Unlicensed						
Therapist – Occupational						
Therapist – Physical						
Health Techs.						
Home Health Aid						
Medical Director						
Case Manager						
Teacher						
Acupuncturist						
Interventionist						
Sober Companion						
Sober Coach						
Other positions (specify)						
Total:						

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THAT PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).
(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT ORAWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IF GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PERPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATIONCONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OFMISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENBALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

NAME (PLEASE PRINT/TYPE)	TITLE
APPLICANT SIGNATURE	DATE