



Specialty Supplemental Application – Emergency Medicine

IMPORTANT NOTICE

This is a SUPPLMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

EMERGENCY MEDICINE

A. Please list all locations where you provide services, and the corresponding estimated and actual visit information. Please attach visit information for at least the last five (5) years; however, 10 years is preferred.

Table with 5 columns: Name of Location, Estimated visits for next 12 months (Low Acuity*, High Acuity**), Actual visits for last 12 months (Low Acuity*, High Acuity**)

* Low acuity visits include CPT Codes 99281, 99282, 99283 plus those visits that did not receive an E&M code
** High acuity visits include CPT Codes 99284, 99285 and 99291

B. Do you require different limits at any location? YES NO
If Yes, please indicate which location and specify the limits.

C. What percentage of your overall visits are provided by physicians or Advanced providers (NP/PA) ?

D. Has anyone in your group performed any deliveries in the last 12 months? YES NO If yes, approximately how many?

E. Are you providing any services, volunteer or not, outside of the traditional emergency medicine setting (e.g. vaccine clinic, work/sports physicals, first aid coverage at sporting events)? YES NO If yes, please provide a description.

Are you requesting these services be covered on this policy? YES NO

F. Is there on-site (or via telemedicine) 24-hour specialty or sub-specialty backup at any of the locations where you provide services? YES NO If yes, please describe and specify which location.

SIGNATURE

Signature

Date