



**COVER-PRO<sup>SM</sup> APPLICATION**  
**MEDICAL BILLING SERVICE SUPPLEMENT**

1. Full name of the Applicant Firm:
2. Does the Applicant have any national certifications?      Yes      No **Please provide a list all certifications.**
3. How many continuing education credits did the Applicant complete in the past twelve months?
4. Is the Applicant a member of any national billing / coding associations?      Yes      No **Please provide a list of all memberships.**
5. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:
 

Billing / Audit:	%
Transcription:	%
Coding:	%
Collections:	%
Other:(specify)	%
<b>TOTAL MUST EQUAL</b>	<b>100</b> %
6. Does the Applicant provide record storage for a third party?      Yes      No **If yes, please provide the security controls in place.**
- 7a. Does the Applicant receive money directly from an insurance carrier?      Yes      No
- 7b. Does the Applicant have crime coverage in place?      Yes      No  
If yes, what is the limit of liability? \$
8. Does the Applicant use a "fee-splitting" procedure when charging providers?      Yes      No
9. Does the Applicant perform collection services on clients' patients accounts that are over 90 days past due?  
Yes      No **If yes, what percentage of total accounts handled are over 90 days old?**      %
10. Does the Applicant have HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance procedures in place?      Yes      No **If yes, describe all procedures.**

**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro<sup>SM</sup> application and is subject to the same conditions as stated on the application.**

Name (Please Print)      Title **(Must be Principal, Partner or Officer)**

Signature      Date

Agent Name      Agency Number

Agency Address

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

\_\_\_\_\_  
Signature

Date