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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

COVER-PRO℠ APPLICATION

MEDICAL TRANSCRIPTIONIST SERVICE SUPPLEMENT

1. Full name of the Applicant Firm:_____

2. Advise the Applicant's post secondary training relating to the medical transcription field:

3. Is the Applicant a:
   ☐ Registered Medical Transcriptionist (RMT)
   ☐ Certified Medical Transcriptionist (CMT)
   Provide a list of all other relevant certifications, designations, and accreditations:

4. How many years has the Applicant been transcribing medical records: _____ years

5. Describe the controls and procedures the Applicant uses when transcribing to ensure proper editing, grammar, and accurate identification and usage of medical terminology:

6. Does the Applicant provide record storage or document management services for a third party? I**f yes, please provide the security controls in place.** ☐ Yes ☐ No

7. Does the Applicant have HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance procedures in place? **If yes, describe all procedures.** ☐ Yes ☐ No

8. If working in a doctor's office, hospital or other medical setting, does the Applicant perform services other than medical transcription (i.e. scheduling appointments, answering phones)? **If yes, describe all services.** ☐ N/A ☐ Yes ☐ No

9. Does the Applicant perform transcription services for a medical specialty or field (i.e. radiology, pathology)? **If yes, list all specialties and years of field experience for each.** ☐ Yes ☐ No

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I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro[sm] application and is subject to the same conditions as stated on that application.

Name (Please Print/Type) _____ Title **(MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)** _____

Signature _____ Date _____

ADDITIONAL INFORMATION

This section 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 _____