Provider Application

Building VALUE in Insurance

Contact Information

Name

Specialty

Practice Name

Primary Practice Address (where IMEs are conducted)

Mailing Address

Additional Practice Locations (where IMEs are conducted)

Office Phone Number

Fax Number

Language(s) Spoken Other Than English

Date of Birth

Will You Treat or Comment on Pediatric Patients?

Yes No

Will You Comment On Permanency?

Yes No

Please answer the following questions:

Has your license to practice in any jurisdiction ever been surrendered, limited, suspended, revoked, placed on probation involuntarily relinquished or otherwise had conditions placed upon it? Yes No

Have your privileges at any hospital or other healthcare facility ever been suspended, diminished, revoked or not renewed? Yes No

Have you been refused a requested specialty medical or professional society membership? Yes No

Have you ever been asked to resign or not renew a specialty, medical or professional society membership? Yes No

Have you ever been refused medical malpractice insurance or been refused renewal of your medical malpractice insurance? Yes No

In the last 5 years, have you had an alleged medical malpractice action filed against you that resulted in an out-of-court settlement, or judgment against you? Yes No

Do you have any alleged medical malpractice actions filed against you pending or have suspicion of an imminent such action against you? Yes No

Have you ever been convicted of a felony? Yes No

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If you answered yes to any of the questions, please provide an explanation:

☐ I hereby attest under penalty of perjury that all information provided in this questionnaire is true, accurate, and complete. I understand that any false statements or material omissions may result in denial of application, revocation of privileges, disciplinary action, and/or legal consequences.

Signature

Date

Printed Name

Please submit the completed application and return it to smccormack@isgvalue.com along with copies of the following documents:

- Current Fee Schedule
- W9
- Sample Liability Report, if applicable
- Liability Insurance
- Current CV