



**PHYSICIANS REIMBURSEMENT FUND, INC.
A Risk Retention Group**

SUPPLEMENTAL APPLICATION FOR LABORATORY COVERAGE

This Supplemental Application must be completed by individuals or entities seeking coverage for activities involving the performance of tests described as of moderate or high complexity under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Unless expressly provided by issuance of a Laboratory Facilities Endorsement, such laboratory activities are not covered under your policy of insurance issued by the Physicians Reimbursement Fund, Inc., A Risk Retention Group (PRF-RRG). *Please contact the PRF-RRG office if you have any questions.*

1. Please provide the following contact information:

(a) Name of Laboratory Facility: _____

(b) Phone: _____

(c) Email: _____

(d) Street Address: _____

2. State the names of all owner(s) of the laboratory facility: _____

3. Is the laboratory duly licensed to perform laboratory tests or procedures classified as of moderate or high complexity under CLIA? Yes No

- Please attach a copy of the current laboratory facilities license or fill in the following: License No. _____

- Expiration Date: _____

- Please list on a separate page all tests or procedures of moderate or high complexity (i.e. all non-waived tests) under CLIA which are performed at the laboratory.

State the name of the medical director or if applicable laboratory director of the laboratory facility: _____

4. Is the medical or laboratory director licensed in accordance with all applicable state and federal laws?: Yes No

- If applicable, please attach a copy of the laboratory director's current license or fill in the following:

License No.: _____

Exp. Date: _____

5. Are there any other individuals employed in connection with the laboratory facility who are licensed to perform laboratory tests or procedures? Yes No

- Please list all persons employed who hold licenses to perform laboratory tests or procedures.

- Please attach a copy of the current license for each such person or fill in the following for each such person:

Name: _____

Type of License: _____ License No.: _____

Expiration Date: _____

6. Are there any unlicensed individuals employed in connection with the laboratory facility? Yes No

- Please list all persons employed in connection with the laboratory facility who do not hold any license to perform laboratory tests or procedures, and describe the job function of each.

7. Has your laboratory facility, your licensed laboratory director or any licensed employee been the subject of any claim, demand for compensation, notice of intent to sue, summons, or demand for arbitration from professional services rendered? Yes No
- If so, please provide: the date the claim was made; a description of the nature of the claim; a summary of the outcome, including the date and amount of any settlement, judgment or award.
8. Has the license for your laboratory facility ever been limited, suspended, revoked, not renewed or subjected to probationary conditions, or have proceedings toward any of those ends been instituted? Yes No
9. Have the licenses of your laboratory director or any licensed employees ever been limited, suspended, revoked, not renewed or subjected to probationary conditions, or have proceedings toward any of those ends been instituted? Yes No
10. Have any of the individuals employed in connection with your laboratory facility been convicted of any felonies or have any felony charges been filed against them? Yes No

If the answer to any of questions 9 through 11 is "Yes," or if you wish to provide any other pertinent information, please include full details on a separate sheet of paper.

Date: _____

Name: _____
(Print please)

Signature

Please send to:

Soad A. Kader

**Physicians Reimbursement Fund Inc., A Risk Retention Group (PRF)
3 Harbor Drive, Suite 116
Sausalito, CA 94965**

Feel free to contact PRF Director of Membership Soad A. Kader with any questions or concerns.

Email: soad@prfrrg.com
Phone: 415.332.3041 Fax: 415.332.3243

NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.