

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION
 THIRD PARTY ADMINISTRATOR SUPPLEMENT

1. Full name of the Applicant Firm: _____

Provide approximate percentage of revenues derived from ALL operations:

OPERATIONS	PERCENTAGE OF RECEIPTS
Health and Welfare Plan Administration:	
Single employer plans:	_____ %
Multiple employer benefit plans (Taft-Hartley trusts):	_____ %
Multiple Employer Welfare Arrangement (MEWA):	_____ %
Multiple Employer Trusts (MET's):	_____ %
Health Maintenance Organizations (HMO's):	_____ %
Preferred Provider Organization (PPO's):	_____ %
Other: _____	_____ %
Pension Plan Administration:	_____ %
Profit Sharing Administration:	_____ %
Insurance Related Services:	
Lines of business: _____	

Claims administration:	_____ %
Acting as an insurance agent / broker:	_____ %
Acting as an insurance advisor / consultant:	_____ %
Premium collection / billing:	_____ %
Underwriting / policy issuance:	_____ %
Actuarial Services:	_____ %
Cost Containment Services:	
Utilization review:	_____ %
Case management:	_____ %
Continued stay review:	_____ %
Discharge planning:	_____ %
D.R.G. review:	_____ %
Managed Care:	_____ %
PPO Discounts:	_____ %
Second Surgical Opinion:	_____ %
Cost Management Services:	_____ %
Employee Wellness or other health-related program:	
Literature or correspondence:	_____ %
Administrator for credentialing services:	
Verification of a health care provider's credentials:	_____ %
Employee Assistance Programs:	_____ %
Notary Public:	_____ %
Computer Services:	
Electronic data processing / collection:	_____ %
Electronic data consulting:	_____ %
Software design, development or customization:	_____ %
Other: _____	_____ %
Other: _____	_____ %
Other: _____	_____ %
TOTAL	100%

2. Number of plan sponsors: _____
a. Number of participants for plans administered by the Applicant: _____
b. Total annual contributions to the plans administered by the Applicant: \$ _____
c. Total annual benefit payments issued in the administration of all such plans: \$ _____

3. What is the average length of claims examining experience, in years, per claims examiner? _____

4. If your operation contains controls to guard against the following, check all that apply:

- Overpayments Underpayments Late payments Payments from incorrect plan
- Payments to ineligible Unfair / Unjust enrichment Improper refusal of benefits
- Failure to follow payment guidelines or procedures

5. Does your computer system print checks? Yes No

6. What is the average claims turnaround time, in working days, during the last twelve (12) months? _____

7. What percentage of claims are processed within fifteen (15) calendar days? _____ %

8. Does the Applicant have authority to make decisions about coverage or benefits entitlement? Yes No

9. How do you determine denial of claims benefits? _____

10. What percentage of claims / benefits were denied in the past twelve (12) months? _____ %

11. What is the appeal process for denied claims / benefits? _____

12. What percentage of denials were appealed in the past twelve (12) months? _____

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Professional Liability for Specified Professions 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

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