

Pricing Indication Request

Practice details

Entity name

Trading name

Practice address

Postcode

Contact name

Email address

Phone number

Type of practice (e.g. General Practice)

► Prospective Policy details

Retroactive date

 / /

Commencement date

 / /

Preferred policy limit

5 million 10 million

► Health Professionals (i.e. Doctors/Dentists)

No.	Specialty (refer to list below)	No. of sessions per week (1 session = half day)	MDA National Member?	Employee/Contractor/Owner/ Tenant/Director/Principal/Partner
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Health Professional Specialties

Anaesthetist
Dermatologist
Dentist
Emergency Medicine Specialist
Gastroenterologist
General Practitioner:
- Cosmetic
- Limited Procedures
- Non Procedural
- Obstetrics
- Procedural

Geriatric Medicine Doctor
Gynaecologist (no Obstetrics)
Medico-Legal Advisor
Neurosurgeon
Obstetrician & Gynaecologist
Occupational Medicine
Ophthalmologist
Paediatrician
Pathologist
Physician
Physician

Psychiatrist
Radiologist
Sports Medicine
Surgeon (consulting only)
Surgeon (general)
Surgeon (Orthopaedic)
Surgeon (Plastic &
Reconstructive inc. Cosmetic)
Travel Medicine

► **Allied Health Professionals and Clinical Staff**

No.	Staff type (refer to list below)	No. at Practice	Employee/Contractor/Owner/Tenant
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Allied Health Professional and Clinical Staff Types

Audiologist
 Beauty Therapist
 Cardiac Technician
 Chiropractor
 Counselor
 Dental Hygienist
 Dental Technician
 Dental Prosthetist
 Dental Therapist
 Diabetes Educator
 Dietician

Exercise Physiologist
 Naturopath
 Nurse:
 - Cosmetic
 - Midwife
 - Practitioner
 - Registered/enrolled
 Optometrist
 Orthoptist
 Osteopath
 Physiologists

Physiotherapist
 Podiatrist
 Psychologist
 Radiographer
 Scientist
 Sleep Technician
 Sonographer
 Urodynamics

► **General Staff**

No.	Staff type – Administration/Receptionist/Practice Manager	No. at Practice	Employee/Contractor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

► **Submitting this form**

Please email your completed form to your local Business Development Specialist/Manager. Alternatively, you can email peaceofmind@mdanational.com.au or fax **1300 011 244**.

OFFICE USE ONLY

Business Development Specialist/Manager

Pivotal company number

Date submitted

Additional Information

Current Policy

yes no

Current Insurer

Current Policy expiry date

Current Annual Premium Paid

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