

Treatment of Public Patients Proposal



The Professional Indemnity Insurance Policy issued by MDA National Insurance covers claims that arise from the treatment of public patients in public hospitals when we have agreed to in writing. Please detail on this form the nature and extent of services you provide in a public hospital setting for which you require indemnity from us.

Prior to completing this form, you should confirm with your employer your indemnity status. If you have access to indemnity through your employer, cover from us for claims arising from the treatment of a public patient in a public hospital may not be necessary.

We will agree to provide cover for claims arising from the treatment of public patients in public hospital(s) when you do not have access to indemnity from the hospital(s), your employer or a Government Scheme.

Name	Member No.
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Practice Details

1. Please indicate the period that you will be providing public healthcare services for which you are required to arrange your own indemnity for civil claims.

If the work will be ongoing, please leave the end date blank.

Start Date: ____/____/____/

End Date: ____/____/____/

2. Please list the public hospital(s) that you will be providing these healthcare services at.

3. Please provide a description of the healthcare services you will be providing, including your speciality or field of practice.

4. Will the healthcare services you provide include obstetric services?

If YES, please provide full details of the extent of these services.

YES NO

5. Please provide your estimated billings or income for the healthcare services outlined above.

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Declaration

I confirm that I do not have access to indemnity from the hospital(s) for the services outlined above and that the above is an accurate reflection of the public healthcare services that I provide and for which I am required to arrange my own indemnity.

Please Sign and Date Here

Signed	Date	/	/
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Freecall: 1800 011 255 Member Services Fax: 1300 011 244 Email: peaceofmind@mdanational.com.au Web: www.mdanational.com.au

Registered Office: MDA National, Level 3, 88 Colin Steet, West Perth WA 6005 Phone: (08) 6461 3400 Fax: (08) 9415 1492

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