

# E\*ectras

## CyberPrivacy (Medical Billings) Application Form

As used throughout this application, “you” means the person signing the application, as well as the entity seeking insurance and the applicant’s principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application pertain to all persons or entities seeking insurance, and not just the signatory.

Please answer all the questions on this form. Before any question is answered, please carefully read the declaration at the end of the application form, which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

### 1. General Information

Name	
Address	
Industry	
Website home page (including subsidiaries)	
Number of Physicians full time (more than 20 hrs per week)	
Number of Physicians part time (less than 20 hrs per week)	
Gross Billings: Last Fully Completed	
Gross Revenue: Last Fully Completed	
Gross Revenue: Projected	
Please advise approximate number of Personally Identifiable Information (PII*) records stored on your network, database or system. <small>*PII is defined as a personally identifiable record that can be used to identify, contact or locate a single individual</small>	

### 2. Billing Errors & Omissions

Does your practice have a billing compliance program?	
Does your practice have a written policy regarding the collection of receivable balances?	
If yes, does this written policy include write-offs of the outstanding balances, co-payments and deductibles?	



