

This form can be completed online. Please complete the survey questions, click on the envelope icon in the menu bar above and submit to renewals@moperm.com. If you want a copy for your records, click on the printer icon above prior to submitting to renewals@moperm.com. Thank You.



SUBMISSION DEADLINE : October 1, 2011

Renewal Exposure Information

MEDICAL RELATED ENTITIES

This renewal survey is designed to assist our MOPERM Members in gathering the accurate rating information needed for the upcoming policy year. Please complete and return this form to MOPERM no later than **October 1, 2011** for your renewal pricing.

Use NA when question is not applicable within your entity's care, custody and control.

MEMBER INFORMATION

Policy Period: 1-1-2012 to 1-1-2013

Entity Name	
Memorandum No.	
Agent Name (if applicable)	
Agency Name (if applicable)	

Medical Malpractice

- Does the Entity provide Ambulance Services and/or Medical Assistance in conjunction with Fire Fighting Services?** **Yes** **No**
 - Have all personnel met the minimum requirements of training and certification regarding their duties?
 - How many full-time EMT's and/or Paramedics are employed?
 - How many part-time EMT's and/or Paramedics are employed?
 - How many volunteer EMT's and/or Paramedics are used by the Entity?
- Does the Entity provide Public Health Services?** **Yes** **No**
- Does the Entity own/operate an assisted living/residential care facility?** **Yes** **No**
 - What is the maximum occupancy of beds in the Entity's facility/facilities?
- How many clients are served annually for each of the following services?**
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

- C. Do you contract with others for any outpatient services? **Yes** **No**
5. Does the Entity contract with others for any outpatient services? **Yes** **No**
- 6 Are Educational Classes and Programs offered by the Entity? **Yes** **No**
- A. How many clients are served annually for each of the following?
1. School Health Nursing/Screening
 2. Childbirth Education Classes
 3. CPR/First Aid Classes
7. How many inspections are performed annually by the Environmental Specialists employed by the entity?
8. How many of the following services are administered annually:
- A. Immunizations
 - B. Flu Shots
 - C. Blood pressure checks
 - D. Cholesterol Screenings
 - E. Blood sugar checks
 - F. Tuberculin Skin Tests
 - G. Lead Screenings
 - H. BCCCP/Women's Wellness
 - I. Prenatal Care Screenings
 - J. HIV/STD Tests/Treatments
9. How many clients are served annually through Home Health Services?
- A. Are any of the following services offered under this program?
1. Occupational Therapy **Yes** **No**
 2. Speech Therapy **Yes** **No**
 3. RN or LPN services **Yes** **No**
 4. If yes, how many clients are served annually?
 5. Do you contract with others to provide these services? **Yes** **No**

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