

Thank you for your interest in managing the medical professional liability for the Washington Conference health fairs. As I mentioned, **there is no medical professional liability coverage on the conference's General Liability policy.** Consequently, every time a church/school wants to organize a Dental/Medical clinic, we need to go through the application process to ensure coverage is in place for the event. See attached the application and the audit report which needs to be completed after the event. As far as premium goes, it is hard to give you an estimate without the application but the premium starts at around \$2,500-3,000 and can go up to \$10-15k depending on how large the event is and how many volunteers and medical/dental procedures are happening. This policy provides \$10M in medical malpractice liability limits for each event. Furthermore, here are some additional information in regard to Health fairs and the potential liability for Dental/Medical clinics.

- 1) For small health screening events like when a church is taking blood pressure or weight, there is coverage on the General Liability for this 'incidental medical malpractice' exposure. For these types of events we ask that the Church nor its volunteers diagnose or provide medical consultation to the participants. It is appropriate to have handouts for example from a 3rd party such as WebMD, or the American Heart Association, that can be handed to the participant along with their results. Then the participant is interpreting their results and can make the decision on the next steps.
- 2) For camp or school nurses/doctors/pathfinders the Washington Conference is covered under the General Liability policy on the 'incidental medical malpractice' coverage for them providing services to students/campers. The conference should have medical consent forms for all minors attending camp/schools or other events such as pathfinders. Please work with your local counsel but important to have for example parents/guardians disclose allergies their kids have.
- 3) For events such as dental, medical and vision clinics, I strongly discourage a local church to put one of these on. Why? Examples of items that must be cared for,
 - a. medical record retention,
 - b. HIPPA/PHI security,
 - c. medical professionals credential verification/retention,
 - d. equipment calibration,
 - e. statutory laws,
 - f. Other items
- 4) For events such as dental, medical, and vision clinics that are put on by other organizations such as Amen. These organizations should be vetted carefully for items listed in #3 above, rental/use contracts/agreements should be reviewed by the conference legal counsel. In my opinion organizations who do these events regularly and have been vetted are better equipped than us as the Church doing one off events. Further Items to consider:

- a. Insurance the other organization should have
 - i. General Liability - with per occurrence limits no less than \$10,000,000 with annual aggregates of no less than \$10,000,000
 - ii. Medical Professional liability - with per occurrence limits no less than \$10,000,000 with annual aggregates of no less than \$10,000,000
 - iii. Workers compensation with statutory limits
 - iv. Sexual Molestation - with per occurrence limits no less than \$10,000,000 with annual aggregates of no less than \$10,000,000
 - v. Auto liability – owned, non-owned, hired - with per occurrence limits no less than \$10,000,000 with annual aggregates of no less than \$10,000,000

- b. Insurance - Additional named insured – The following policies should show evidence of additional insured via both an additional insured endorsements and certificate with the following language “ The General Conference of Seventh-day Adventist, and the General Conference Corporation of Seventh-day Adventist, its subsidiary and affiliated organizations to include the Washington Conference of Seventh-day Adventist and its affiliated and subsidiary organizations as additional insured (important to make sure that WA Conference is the legal name. If WA Conference has an association and/or corporation, both should be listed)
 - i. General Liability
 - ii. Medical Professional Liability
 - iii. Sexual Molestation liability
 - iv. Auto Liability

- c. Volunteer criminal background check screening, all volunteers should be volunteers of the third party organization putting on the event and they should have a process to screen them. The Conference should ask them for their process, for screening and if a volunteer comes back with a positive finding, how that is handled. Best if needed, that potential local SDA Church volunteers be directed to contact the third party organization to volunteer, that way the third party is vetting and approving them.

- d. Who’s event is it? – it is important to the best ability that the event be “put on” “sponsored” by the third party organization, the more distinct this line is between them and the Conference/Church the better. Better to have if needed signage, bulletin notices etc. , saying something to the effect of “ On June 28, 2022, AMEN will be conducting a dental clinic at _____ SDA Church between the hours of 1-6pm”. We should avoid co-branding, using language like “sponsored by SDA...” . If our local church provides money to the event it should be a donation with no strings attached concerning our involvement in running the event, etc.

There is not silver bullet in removing all potential liability from the Conference/church, however doing the above and in working with your local counsel, as well as ARM we can do our best to continue to have these types of ministries while protecting the Church.

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	LESS THAN 80
ELEVATED	120-129	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	HIGHER THAN 120

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heart.org/bplevels

Body Mass Index Table

BMI	Normal										Overweight										Obese										Extreme Obesity																							
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
Height (Inches)	Body Weight (pounds)																																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258																		
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																		
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																		
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285																		
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295																		
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304																		
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314																		
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324																		
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334																		
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344																		
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354																		
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369																		
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376																		
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386																		
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397																		
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408																		
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																		
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																		
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																		

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

FACILITY USE AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____, 20____, between the Washington Conference of Seventh-day Adventists (hereafter, "Conference"), operating a church known as the _____ Seventh-day Adventist Church (hereafter, "Church") and the _____ Medical Clinic (hereafter, "Clinic").

The dates of use shall be _____ to _____, 20____.

RECITALS

1. The CONFERENCE and CHURCH are the owner and occupier of a church building located at (*Physical Address of Church*) _____, herein referred to as "church premises," and desires to make available to CLINIC the use of said premises.
2. CLINIC will use the church premises on the dates specified above for the purpose of providing basic medical and/or dental services to the community.
3. CHURCH and CLINIC mutually agree that the terms and conditions of their joint use should be executed in written form so that clear understanding is achieved as to their respective rights and obligations in the use of the church premises.
4. If necessary, CLINIC agrees to apply to the _____ County Department of Assessment and Taxation for a real property exemption based upon its non-profit status commencing with the 2022-23 tax year. The CHURCH will cooperate as necessary in the application process and CLINIC agrees to allow the CHURCH to approve and file the application for the CLINIC.

AGREEMENT

IT IS THEREFORE AGREED as follows:

1. Scope of Use. CLINIC shall be entitled to use the entire church premises, with the exception of _____. Such use shall be for the purpose of providing basic medical and/or dental services to the community.
2. Rent. For use of the church premises, CLINIC shall pay to CHURCH the amount of _____.
3. Prohibited Activities. It is agreed between CHURCH and CLINIC that there shall be no smoking or drinking of alcoholic beverages anywhere upon the church premises. Furthermore, it is agreed that there shall be no eating or drinking within the church sanctuary, hallways or classrooms, with the exception of food or drink provided by parents to small infants, but that such eating or drinking shall be confined to the fellowship room.

4. Insurance and Indemnification. It is agreed and understood that CLINIC shall acquire and maintain professional liability insurance to protect both parties from all claims of personal injury, including death, which may arise from CLINIC'S use of the church premises. The WASHINGTON CONFERENCE OF SEVENTH-DAY ADVENTISTS and affiliated entities at 32229 Weyerhaeuser Way South, Federal Way, Washington 98002, shall be named as an "additional insured" party on said policy. Professional liability coverage shall be in an amount of not less than \$1,000,000.00, and CLINIC shall furnish CHURCH with two copies thereof. CLINIC further agrees to indemnify, defend and hold the CHURCH and CONFERENCE harmless for any loss or claim by third parties arising from CLINIC'S use of the church premises.
5. Litter Disposal. It is understood that CLINIC shall be responsible for and pick up paper and other litter left in the building or on the church premises.
6. Church Access/Keys. CHURCH will provide CLINIC access to the church premises and may, at its discretion, provide a set of keys to the church facilities. CLINIC promises that such keys shall not be duplicated and shall be returned to CHURCH upon the expiration of this Use Agreement.
7. Signs. CLINIC shall be entitled to utilize a sign on the premises to indicate its services and use of the church facilities, to be placed in a conspicuous place just prior to use and to be removed immediately following use.

OPTIONAL PARAGRAPH

8. Activities Involving Minors. It is agreed and understood that CLINIC has adequately screened all workers involved with minors, and will continue to screen all such workers before allowing them to work in any area or activity on the church premises where minors are present or involved. By signing this agreement CLINIC acknowledges that this has been done, and that CLINIC will continue to comply with this requirement.

OPTIONAL PARAGRAPH

9. Security Deposit. CLINIC has deposited with CHURCH the sum of *(Security Deposit Amount)* as security for performance by CLINIC of all the terms, covenants and conditions required to be performed hereunder. Such sum shall be returned to CLINIC after the expiration of this Use Agreement provided the church premises are in as good condition as when the Use Agreement commenced, normal wear and tear of the premises excepted.

10. Termination. Notwithstanding the above provision, this Use Agreement may be terminated by either party upon thirty (30) days advance notice. This notice shall be in writing and delivered to the CHURCH and/or CLINIC at the addresses listed below.
11. This Agreement contains the entire agreement by and between the parties. Any subsequent modification or amendment shall be made in writing, signed by the respective parties, and attached hereto.

CONTACT INFORMATION

CLINIC

Name: _____
Address: _____
Phone: _____
Email: _____

SEVENTH-DAY ADVENTIST CHURCH

Name: _____
Address: _____
Phone: _____

WASHINGTON CONFERENCE OF SEVENTH-DAY ADVENTISTS

Name: **Pam Scott**
Washington Conference of Seventh-day Adventists
Address: **32229 Weyerhaeuser Way South, Federal Way, WA 98001**
Phone: **(253) 681-6044**

**HEALTH FAIR PATIENT
WAIVER AND RELEASE OF LIABILITY**

In exchange for being given free or low-cost health screenings, I release, discharge, and hold harmless, the Washington Conference of Seventh-day Adventists, including the _____ Seventh-day Adventist Church, its employees, agents, officers, members, and health fair participating health care providers from any and all claims, demands, losses, damages, or injuries, arising from, or based in whole or in part on, my participation in the _____ Health Fair, including, but not limited to, the results of the wellness screenings; any statements made to me by any health fair agent, employee, or volunteer; nondisclosure to me of any information; or my receipt or non-receipt of any information from the health fair.

ACKNOWLEDGMENT

I have read this form, or have had it read to me, and understand the contents of this form. I believe that I have the knowledge upon which to base consent to participate in the _____ Health Fair. All questions have been answered to my satisfaction.

On this date of _____, 2022.

SIGNATURE OF PARTICIPANT

PRINT NAME

HEALTH FAIR VOLUNTEER
Release, Waiver of Liability, and Covenant Not to Sue

READ CAREFULLY BEFORE SIGNING

As a Participant Volunteer, I hereby acknowledge my awareness that my participation in the _____ Health Fair, held at the _____ Seventh-day Adventist Church (hereafter, "local church") shall be at the Participant Volunteer's own risk. The Washington Conference of Seventh-day Adventists, including the local church, administrators, officers, committee members, vendors and/or agents shall not be liable of any damages arising from personal injuries of damages sustained by Participant Volunteer in or during his/her active or passive participation in the aforementioned event(s) held during the _____ Health Fair.

As a Participant Volunteer, I assume full responsibility for any injuries or damages, and hereby release and discharge, the Washington Conference of Seventh-day Adventists, including the local church its administrators, officers, committee members, vendors, and/or agents from any and all claims, demands, damage rights, or causes of action present or future resulting from participation in the _____ Health Fair.

This _____ day of _____, 20 _____

Signature _____

Printed Name _____



Coverage Summary

Healthcare Professional Liability Policy

NAMED INSURED: General Conference of the Seventh-day Adventist Church and the General Conference Corporation of SDA and participating denominational entities by Endorsement.

CARRIER: CHUBB Insurance

COVERAGE: Healthcare Professional and General Liability

POLICY NUMBER: MLP G27569122 and XFK G27569134

EFFECTIVE DATE: April 7 Annually

LIMIT DETAILS: Professional Liability (Shared Limits)
\$10,000,000 Each Professional Incident Limit
\$10,000,000 Aggregate Limit
General Liability
\$10,000,000 Each Occurrence Limit
\$10,000,000 Personal and Advertising Injury Limit
\$10,000,000 Aggregate Limit
\$10,000,000 Products-Completed Operations Aggregate Limit

DEDUCTIBLE: \$25,000 Each Occurrence

POLICY TYPE: CLAIMS MADE

Organizations must endorse Each Scheduled Health Fair Event for Coverage to be in place. No Blanket coverage is provided.



Healthcare/Miscellaneous Facilities Liability

Underwritten by: ACE, Illinois Union Insurance Company

Special Event Application

Date of Event: _____

Location: _____

Address: _____

Instructions:

The requested information is necessary before a quotation can be obtained.

Type or print clearly.

This application must be completed, dated and signed by an authorized representative of the applicant organization. Underwriters will rely on all statements made in this application.

1. Scope of Services to be provided at the health fair event:

- Comprehensive primary care medical services, including evaluation and management of medical problems including the diagnosis, by physical exam
- X-ray and laboratory evaluation, as well as treatment
- Prescription and dispensing of prescription medications
- Small procedures under up to and including under local anesthetics
- Ancillary primary care services will include massage therapy, physical and occupational therapy as well as lifestyle counseling
- Gynecologist services
- Pediatric Care
- Mental health services including evaluation, counseling and treatment
- Vision care services include eye examinations, and fitting for free glasses, including allowing the patient to choose from available frames, glasses will be available for pickup in area churches approximately 2-3 weeks after the event
- Comprehensive dental care
- Other: _____

2. Estimated total number of patients at the health fair event: _____



3. Outpatient surgical procedures that will be provided at the health fair event:

- | | |
|--|---|
| <input type="checkbox"/> Inguinal hernia repair | <input type="checkbox"/> Umbilical hernia repair |
| <input type="checkbox"/> Laparoscopic or open cholecystectomy | <input type="checkbox"/> Upper endoscopy |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Excisional biopsy |
| <input type="checkbox"/> Excision of benign mass | <input type="checkbox"/> Excision or fulguration for warts |
| <input type="checkbox"/> Surgical treatment of pilonidal cyst | <input type="checkbox"/> Laparoscopic bilateral tubal ligation |
| <input type="checkbox"/> Dilatation and curettage | <input type="checkbox"/> Uterine ablation |
| <input type="checkbox"/> Diagnostic laparoscopy | <input type="checkbox"/> Ovarian cystectomy |
| <input type="checkbox"/> Cystocele or rectocele repair | <input type="checkbox"/> Bilateral vasectomy |
| <input type="checkbox"/> Vaginal hysterectomy | <input type="checkbox"/> Hydrocele repair |
| <input type="checkbox"/> Circumcision | <input type="checkbox"/> Distal clavicle excision |
| <input type="checkbox"/> Arthroscopy: <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Ankle | <input type="checkbox"/> Laparoscopic unilateral or bilateral oophorectomy |
| <input type="checkbox"/> <input type="checkbox"/> Wrist <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Carpel tunnel release |
| <input type="checkbox"/> Trigger finger or thumb release | <input type="checkbox"/> Ulnar Nerve Release at Elbow |
| <input type="checkbox"/> Thumb Carpometacarpal Joint Arthroplasty | <input type="checkbox"/> Rotator Cuff Repair |
| <input type="checkbox"/> Tennis Elbow Surgery | <input type="checkbox"/> Meniscectomy of Knee |
| <input type="checkbox"/> ACL repair | <input type="checkbox"/> Bunion Surgery <input type="checkbox"/> Morton's Neuroma |
| <input type="checkbox"/> Patellar Realignment/Lateral Release | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |

4. If surgery suites will be used in partnership with a local hospital, provide hospital name & address

Hospital Name _____
Address: _____

5. If surgery suites will be used in partnership with a local hospital, provide hospital name & address

Hospital Name _____
Address: _____



6. Number of Professional Volunteers staffing the health fair event:

Dental Assistant	_____	Mental Health: Psychiatrist	_____
Dental Hygienist	_____	Mental Health: Psychologist	_____
Dental Nurse	_____	Mental Health: Social Worker	_____
Dental MD	_____	Nursing-Pediatrics	_____
Dental Oral Surgeon	_____	Nursing-Podiatry	_____
Eye Care Assistant	_____	Nursing-Primary Care	_____
Eye Care Nurse	_____	Nursing-Primary Care-Cardiology	_____
Eye Care Ophthalmologist	_____	Nursing-Student	_____
Eye Care Optician	_____	Nursing-Surgery	_____
Eye Care Optometrist	_____	Nursing-Triage	_____
Lab	_____	Nursing-Women's Health	_____
Pharmacist	_____	Physician: Cardiology	_____
Physical Therapist	_____	Physician: Primary Care	_____
Occupational Therapist	_____	Physician: Podiatric	_____
Pediatric MD	_____	Surgeon: General	_____
Pediatric NP	_____	Surgeon: Orthopedic	_____
Physician: Cardiology	_____	Surgeon: Plastic	_____
Physician: Primary Care	_____	Surgeon: Urology	_____
Physician: Podiatric	_____	Other:	_____
Physician: OB/GYN	_____	Other	_____
		Estimated Number	_____

Declaration and Representations:

The applicant agrees that the information provided is only an estimate of the services and participation at the health fair event. The applicant agrees to submit within ten (10) days after the close of the health fair event a report with the actual exposure of such health fair event. Premium will be audited as soon as practicable after receipt of such information.

Applicant Name

Signature

Title

Date



Healthcare/Miscellaneous Facilities Liability

Underwritten by: ACE, Illinois Union Insurance Company

Special Event Audit Report

Date of Event: _____

Location: _____

Address: _____

Instructions:

Type or print clearly.

This application must be completed, dated and signed by an authorized representative of the applicant organization. Underwriters will rely on all statements made in this application.

1. Scope of Services that were provided at the health fair event:

- Comprehensive primary care medical services, including evaluation and management of medical problems including the diagnosis, by physical exam
- X-ray and laboratory evaluation, as well as treatment
- Prescription and dispensing of prescription medications
- Small procedures under up to and including under local anesthetics
- Ancillary primary care services will include massage therapy, physical and occupational therapy as well as lifestyle counseling
- Gynecologist services
- Pediatric Care
- Mental health services including evaluation, counseling and treatment
- Vision care services include eye examinations, and fitting for free glasses, including allowing the patient to choose from available frames, glasses will be available for pickup in area churches approximately 2-3 weeks after the event
- Comprehensive dental care
- Other: _____

2. Actual total number of patients at the health fair event: _____



3. Actual Outpatient surgical procedures provided at the health fair event:

- | | |
|--|---|
| <input type="checkbox"/> Inguinal hernia repair | <input type="checkbox"/> Umbilical hernia repair |
| <input type="checkbox"/> Laparoscopic or open cholecystectomy | <input type="checkbox"/> Upper endoscopy |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Excisional biopsy |
| <input type="checkbox"/> Excision of benign mass | <input type="checkbox"/> Excision or fulguration for warts |
| <input type="checkbox"/> Surgical treatment of pilonidal cyst | <input type="checkbox"/> Laparoscopic bilateral tubal ligation |
| <input type="checkbox"/> Dilatation and curettage | <input type="checkbox"/> Uterine ablation |
| <input type="checkbox"/> Diagnostic laparoscopy | <input type="checkbox"/> Ovarian cystectomy |
| <input type="checkbox"/> Cystocele or rectocele repair | <input type="checkbox"/> Bilateral vasectomy |
| <input type="checkbox"/> Vaginal hysterectomy | <input type="checkbox"/> Hydrocele repair |
| <input type="checkbox"/> Circumcision | <input type="checkbox"/> Distal clavicle excision |
| <input type="checkbox"/> Arthroscopy: <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Ankle | <input type="checkbox"/> Laparoscopic unilateral or bilateral oophorectomy |
| <input type="checkbox"/> <input type="checkbox"/> Wrist <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Carpel tunnel release |
| <input type="checkbox"/> Trigger finger or thumb release | <input type="checkbox"/> Ulnar Nerve Release at Elbow |
| <input type="checkbox"/> Thumb Carpometacarpal Joint Arthroplasty | <input type="checkbox"/> Rotator Cuff Repair |
| <input type="checkbox"/> Tennis Elbow Surgery | <input type="checkbox"/> Meniscectomy of Knee |
| <input type="checkbox"/> ACL repair | <input type="checkbox"/> Bunion Surgery <input type="checkbox"/> Morton's Neuroma |
| <input type="checkbox"/> Patellar Realignment/Lateral Release | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |

4. If surgery suites were used in partnership with a local hospital, provide hospital name & address

Hospital Name _____
Address: _____

5. If surgery suites were used in partnership with a local hospital, provide hospital name & address

Hospital Name _____
Address: _____



6. Number of Professional Volunteers staffing the health fair event:

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Dental Hygienist	_____	Mental Health: Psychologist	_____
Dental Nurse	_____	Mental Health: Social Worker	_____
Dental MD	_____	Nursing-Pediatrics	_____
Dental Oral Surgeon	_____	Nursing-Podiatry	_____
Eye Care Assistant	_____	Nursing-Primary Care	_____
Eye Care Nurse	_____	Nursing-Primary Care-Cardiology	_____
Eye Care Ophthalmologist	_____	Nursing-Student	_____
Eye Care Optician	_____	Nursing-Surgery	_____
Eye Care Optometrist	_____	Nursing-Triage	_____
Lab	_____	Nursing-Women's Health	_____
Pharmacist	_____	Physician: Cardiology	_____
Physical Therapist	_____	Physician: Primary Care	_____
Occupational Therapist	_____	Physician: Podiatric	_____
Pediatric MD	_____	Surgeon: General	_____
Pediatric NP	_____	Surgeon: Orthopedic	_____
Physician: Cardiology	_____	Surgeon: Plastic	_____
Physician: Primary Care	_____	Surgeon: Urology	_____
Physician: Podiatric	_____	Other:	_____
Physician: OB/GYN	_____	Other	_____
		Actual Number	_____

Declaration and Representations:

The applicant agrees that the information provided is an accurate representation of the services and participation at the health fair event. The applicant agrees to submit the Audit report within ten (10) days after the close of the health fair event a report with the actual exposure of such health fair event. Premium will be audited as soon as practicable after receipt of such information.

Applicant Name

Signature

Title

Date