



Physician and Surgeon Locum Tenens Application

Prior approval of Locum Tenens coverage must be obtained from Advocate, MD. Application for coverage does not guarantee acceptance. Requests for coverage received after the locum period will not be accepted and no coverage will be provided.

THIS SECTION MUST BE COMPLETED BY THE CURRENT ADVOCATE, MD INSURED PHYSICIAN/SURGEON.

Name of Insured:			
Address:	City:	State:	Zip Code:
Phone:	Policy Number:		
Medical Specialty:	Sub-Specialty:		
State reason for requesting locum tenens coverage:			
<input type="radio"/> Vacation <input type="radio"/> Maternity Leave <input type="radio"/> Hospitalization <input type="radio"/> Attendance at a Professional Meeting/Seminar <input type="radio"/> Illness <input type="radio"/> Family Emergency <input type="radio"/> Other: _____			
Were you regularly schedule to work during the locum tenens period?: <input type="radio"/> Yes <input type="radio"/> No			

Requested dates of locum tenens coverage:	Total Number of Days	From Date (m/d/y):	To Date (m/d/y):
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<u>Insured Physician/Surgeon Signature:</u>	<u>Date:</u>
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THIS SECTION MUST BE COMPLETED BY THE LOCUM TENENS PHYSICIAN/SURGEON.

Name:			
Address:	City:	State:	Zip Code:
Phone:	Mississippi Medical License Number:		
Medical Specialty:	Sub-Specialty:		

1. Do you practice as a locum tenens physician on a full-time basis? Yes No
2. Do you maintain a practice in the State of Mississippi? Yes No
3. Do you currently have professional liability coverage in the State of Mississippi? Yes No
4. Do you have active privileges at the hospitals you will cover during this locums period? Yes No
5. Are you certified by an approved specialty board in the specialty for which locums coverage is being provided? Yes No

Name and location of medical school attended	Degree	Date Graduated m/d/y
Name and location where internship served		Completed? <input type="radio"/> Yes <input type="radio"/> No
Name and location where residency served		Completed? <input type="radio"/> Yes <input type="radio"/> No
Residency completed:		Specialty in which residency was done.
Month	Year	

6. Has any hospital ever denied, restricted, suspended, or revoked your privileges; have you ever voluntarily surrendered your privileges; or has probation ever been invoked? Yes No
 7. Has your narcotics or medical license ever been suspended, restricted, revoked, or voluntarily surrendered, or has probation or reprimand ever been invoked? Yes No
 8. Have you ever been evaluated, recommended for treatment, diagnosed with, treated, or received, medication for: alcohol or narcotics dependency, any other substance abuse, sexual addiction, or a mental, physical, or emotional condition. Yes No
 9. Have you ever been asked to participate in or have you volunteered to participate in an impaired Physician program? If yes, please attach a copy of your recovery plan. Yes No
 10. Have you ever been denied a medical license or been denied certification by a specialty board? Yes No
 11. Have you ever been accused of sexual misconduct of any kind? Yes No
 12. Have you ever had your request for coverage denied, your policy canceled or non-renewed or had a policy issued to you that contained restrictions or special exclusions? Yes No
 13. Has a patient or his representative ever filed a complaint or grievance against you with a hospital committee, state licensing or regulatory agency or other medical review committee? Yes No
 14. Other than a minor traffic offense, have you ever been indicted for, charged with, convicted of, pled guilty to, or entered into a plea agreement for a violation of any law or ordinance? Yes No
 15. Have you had any injury, illness, or other event occur that may impair, lessen or diminish your physical or mental ability to practice medicine? Yes No
 16. Have you ever appeared before, been investigated by, (including ongoing investigations) or entered into any consent agreement with any formal hospital committee, state licensing Board, Board of Medical Examiners, or other medical review committee? Yes No
 17. Has Medicare/Medicaid brought documented charges against you for alleged fraud or inappropriate fees or has your ability to participate been revoked, suspended, placed on probation or voluntarily surrendered? Yes No
 18. Have any claims or suits ever been made or brought against you or have you reported any incidents to any professional liability carrier? Yes No
- If yes, indicate number of previous claims or suits (include closed, dismissed, and/or dropped cases) _____
- Indicate number of pending claims or suits _____
- Total number of claims or suits _____

