

OBSTETRICS & GYNECOLOGY SUPPLEMENT

Please answer **ALL** questions; if question is not applicable state n/a.

1. What is your current specialty?

- a. Obstetrics/Gynecology Yes No (If "yes", continue to #2)
- b. Family Practice including Obstetrics with deliveries Yes No (If "yes", continue to #2)
- c. Gynecology only Yes No Date of last delivery: _____
If yes, do you perform Prenatal Care? Yes No
If yes, for how many weeks do you monitor the baby?
- d. Family Practice including Prenatal Care Yes No Date of last delivery: _____
If yes, for how many weeks do you monitor the baby? _____

2. Do you attend home deliveries? Yes No

3. Do you in any way supervise midwife deliveries? Yes No

Do you employ midwives? Yes No

If "yes", please describe:

a. Supervision you provide:

b. Midwife training:

c. Amount of professional liability insurance coverage each midwife has (If none, please indicate):

4. Do you utilize birthing center(s)? Yes No

a. In hospital? Yes No

b. Outside hospital? Yes No

5. Do you have a pediatrician at delivery?

a. Physically present? Yes No

b. Available on call? Yes No

6. Do you perform in-office D&Cs Yes No

7. Do you perform abortions: Yes No

If yes, are the abortions only to save the life of the mother? Yes No How many per year? _____

8. Delivery Information

Yes No

Total number of all deliveries

This calendar year (estimated) _____
Last calendar year _____
Calendar year before last _____

Number of C-Sections (included in above totals):

This calendar year (estimated) _____
Last calendar year _____
Calendar year before last _____

Number of VBAC (included in above totals)

This calendar year (estimated) _____
Last calendar year _____
Calendar year before last _____

Percentage of patients who are:

Medicare _____
Medicaid _____
No insurance _____

9. Identify all hospitals where you have OB/GYN privileges:

HOSPITAL NAME

CITY

10. Do the hospitals where you practice have the following?

Fetal Monitoring Equipment _____
Neonatal Intensive Care _____

11. Are you on staff at any hospitals that function as "high-risk referral" centers for obstetrics? Yes No

If yes, are you required by section rules or bylaws to share in coverage for high risk referrals? Yes No

If yes, how often _____

13. Do you rely on anyone less than an equally credentialed D.O. or M.D. obstetrician for back-up Yes No when you are not on call?

14. Do you perform your own obstetrical sonograms?

If yes, how many per month? _____

Do you perform your own diagnostic (non-obstetrical) sonograms?

If yes, how many per month? _____

15. Are there any procedures not listed above and/or not generally considered part of your specialty for which you would like to insured? Yes No

If "yes", please list:

Physician's Signature

Date

16. Do you use/ provide back-up services for Midwives Yes No

If yes, please explain:

17. What percentage of deliveries arises from your on-call work and coverage for others? _____%

18. What percentage of the on-call deliveries are performed on patients for whom you do not have access to the patient's medical record and medical history information? _____%

To the best of your knowledge in the last ten years of your practice have any of the following adverse results occurred in your practice:

A. Unexpected death including still births, if yes, how many. _____

B. Failure to diagnose cancer or infection resulting in death or disability of the patient?

Explain:

C. Suspicious or positive X-ray, Pap smear or mammogram where patient was not contacted.

Explain:

It is important that you keep us informed of any changes in your practice so that we can provide you with adequate coverage.