LOUISIANA PATIENT'S COMPENSATION FUND GENERAL APPLICATION

PCF04R
10/26/2015
09:36:34

(RENEWAL FOR NON MD'S WHO HAVE PRIMARY INSURANCE - CHIROPRACTORS, *OPTOMETRISTS, PHARMACISTS, PHYSICAL THERAPISTS, PSYCHOLOGISTS, ETC.)

***Optometrists performing surgeries must fill out PCF1**

1: PROVIDER DETAILS

***Complete Name & Mailing Address

Complete Name - Required

Street Address Line 1 - Required

Street Address Line 2

City, State Zip Code - Required

Phone #:

LICENSE #:

License Number - Required

Date of Birth:

Date of Birth - Required

Professional Specialty:

Professional Specialty - Required

PCF Code:

EMAIL:

2: PRIMARY COVERAGE -- The COI or declarations page from the insurer's policy is REQUIRED.

Insuring Company:

Insuring Company - Required Field

Policy #: Effective From: To:

Effective Date - Required

Expiration Date - Required

Retro Date (if applicable)***:

Policy Form: ____ Claims Made*** OR Occurrence ____

Policy Form Selection - Required

Primary Premium: PCF Surcharge:

Professional Liability Limits: Each Claim/ Aggregate

Do you work less than 20 hours per week? ____ No Yes ____ If so, complete PCF12

****IF COVERAGE IS IN PLACE FOR A CORPORATION, PLEASE PROVIDE A SEPARATE CERTIFICATE OF INSURANCE AND A CORPORATION APPLICATION (PCF9), WHICH CAN BE FOUND ON OUR WEBSITE.
http://www.doa.la.gov/Pages/pcf/Index.aspx

Must advise the PCF of any offsite entities or multiple locations for which coverage is provided along with the address for each location and proof of underlying coverage.

EMPLOYEES AS ADDITIONAL INSUREDS: Please see below inclusions/exclusions; complete the proper form and include proof of underlying coverage.

INCLUSIONS: Employed allied healthcare providers.
EXCLUSIONS: This does not include those who require a PCF surcharge, such as, NP•s, PA•s, CNS•, CRNA•s, etc.

PCF RESERVES THE RIGHT TO DENY COVERAGE FOR THE FOLLOWING:

(1) Injury arising out of a criminal act, including but not limited to sexual abuse or molestation, fraud committed by the insured or any person for whom the insured is legally responsible, and battery.

(2) Third (3rd) party claims filed by an injured party that was not a patient of the health care provider.

(3) Services or treatment rendered as a licensed provider in states other than Louisiana, even if the underlying insurer provides coverage for same.

NOTE:

Failure to comply with cost and reserve reporting requirements set forth in LAC 37:III, §§1101-1105 could result in termination of PCF coverage.

10/26/2015

Date | Printed Name of Insured | **Signature of Insured -- NOT VALID WITHOUT SIGNATURE**

Any questions regarding this form may be emailed to: pcf-surcharge@la.gov

A PRINTED, SIGNED COPY OF THIS FORM MUST BE MAILED/FAXED TO PCF.

Revised: 10/26/2015

Save & Print