

NONPROFIT SOCIAL SERVICES PROGRAM

INPATIENT QUESTIONNAIRE

Please complete one form for each location

GROUP HOMES (No Counseling): As an example, a long-term care facility in which mentally retarded individuals are working in the community or going to school, receiving no treatment but residing in a controlled home-type environment.

I.C.F. (HALFWAY HOUSE): No Professional counseling on premises. As an example, a short-term intermediate care facility where individuals are receiving some form of treatment off the premises at the Mental Health center or elsewhere and are in transition toward independence in the community.

CONTRACTED BED: As an example, wherein a Center is contracting for availability of hospital beds and providing counseling to those occupying beds. If contract in any way holds Center responsible for services beyond counseling of Center patients, it may be considered Inpatient.

INPATIENT FACILITIES: This is a situation in which the Center is responsible for room, board, psychiatrics, counseling and/or medical services in whole or in part. Center personnel are usually involved in admittance and actively supplying a broad range of services.

1. Number of Beds _____
2. Type of facility _____ m/h _____ m/r _____ alcohol _____ drug _____ other
3. Explain average length of stay and type of treatment, i.e., alcohol, drug, psychiatric.

4. Is a Registered Nurse or M.D. on duty at all times? Yes No If no, explain availability

5. Do staff members carry their own professional liability insurance? Yes No Explain in detail

6. Center Employees assigned to this location

	Number of full time	Number of part time
Doctors (M.D.'s & Ph.D.'s)	_____	_____
Social Workers	_____	_____
R.N.'s	_____	_____
L.P.N.'s	_____	_____
Aclds	_____	_____
Other (please explain)	_____	_____
7. Is any surgery performed? Yes No If yes, explain

8. Is any shock, rage, or gas therapy performed? Yes No If yes, explain

9. Any facilities for detoxification (withdrawal) of drug addicts and/or alcoholics? Yes No If yes, explain

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: or statement of claim) containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

I understand that in order to underwrite professional liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any medical society, medical professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my medical practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

Signature _____ Date _____