

COVID-19 Premium Relief for Reduction in Services Physician & Health Care Provider 2nd Quarter Look Back

We understand some of our clients' practices have been disrupted by the COVID-19 pandemic through a reduction in services. Practices with a significant reduction in services (at least 25%) may qualify for a premium discount. In order to determine if you qualify, please complete the following:

Policyholder: _____ Policy Number: _____

TOTAL NET PATIENT REVENUE:		
Month	2019	2020
April		
May		
June		
TOTAL		

If Total Net Patient Revenue is not available, please provide one of the following in the chart below:

- Relative Value Units (RVUs)
- Patient Visits
- Number of Procedures
- Average Hours* Per Week

RELATIVE VALUE UNITS, PATIENT VISITS, PROCEDURES OR AVERAGE HOURS:		
Month	2019	2020
April		
May		
June		
TOTAL		

**When providing average hours per week, please include all patient visits and consultations, telehealth visits, on-call hours involving patient care, hospital rounds, supervision of other health care workers, charting, house call, consultation with other providers, etc.*

Signature

Date

Print Name

Title

Please save this form and return it to your underwriter or agent/broker. Thank you.