



COOPERATIVE OF
AMERICAN PHYSICIANS

ADDENDUM TO MPT AGREEMENT FOR PART-TIME PRACTICE STATUS

Physician Name: _____

Membership # (if applicable): _____

Requested Effective Date: _____, 20____

I hereby request part-time coverage status with MPT. As of the Requested Effective Date listed above I have limited or will limit my practice of medicine to the following specialty: _____ and will work _____ hours per week in private practice.

I understand that the conditions accompanying this request shall be incorporated into the MPT Agreement.

For new Cooperative of American Physicians, Inc. (CAP) members, credit for part-time practice prior to CAP membership may be applied in determining assessment level. If you have had part-time coverage with your current carrier, please indicate the effective date of the part time practice here:

_____.

A description of my part-time private practice including nature and scope of my practice follows:

The average number of patients I will be seeing **per week** in my part-time practice is _____.

I also work in a non-private practice (e.g., academic, governmental, HMO, hospital) Yes No

If yes, indicate where: _____

Proof of professional liability coverage for any non-private practice MUST be submitted to MPT before part-time practice status can be granted.

My signature on this application represents that I understand the terms and conditions of part-time practice status with MPT and the financial impact on my situation, as detailed in the following material.

FOR NON-SURGICAL SPECIALISTS



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Private practice must be limited to ***no more than 20 hours per week***, averaged on a calendar quarter basis. All aspects of the practice of medicine are to be included in the total number of hours worked. This includes patient care, making rounds, phone calls, reviewing and addressing of lab results, tests and consultant reports, charting, billing and other administrative work, locum tenens, after hours call when engaged in patient care and direct or indirect supervision of physician extenders such as physician assistants and nurse practitioners.

FOR ANESTHESIOLOGISTS

Private practice must be limited to a maximum of ***16 billable/operative hours per week***, averaged on a calendar quarter basis. These 16 hours per week are actual operative time. They do not include pre-operative or post-operative time spent with a patient.

FOR SURGEONS

MPT ***only considers primary surgeons, including obstetricians***, for part-time practice status if they practice in a non-private practice setting, which can include an academic setting, a governmental setting, an HMO, or a hospital (including an administrative position) where professional liability coverage is provided for that setting only, and part-time coverage is needed by the MPT Members for an additional private practice.

Any and all office practice of a surgical and non-surgical nature shall count toward the 20-hour practice limitation. As for non-surgical specialists, the 20-hour per week limitation is averaged on a quarterly basis.

FOR ALL MEMBERS

If my medical practice exceeds the specified number of hours allotted to me based upon my specialty as described above, I will lose all coverage for Claims and defense payment services for Occurrences during my period of part-time coverage.

I will not accept emergency room call or volunteer for open call panel in an emergency room unless emergency room call is required for hospital privileges.

I will maintain a log of patient visits and other circumstances in which professional care is rendered.

MPT will retain the right to conduct at any reasonable time an examination of my office and records to verify the accuracy of information I have provided relative to the character of my professional practice and eligibility for modification of my assessments.



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It is my responsibility and I agree to notify all hospitals and other healthcare facilities at which I have privileges of any changes in my professional liability coverage.

FINANCIAL IMPACT

Graduated Assessment Reduction

Beginning the first calendar year following reduction of your practice time and qualification for part-time practice status, assessments will be affected as follows:

1st year	=	20% reduction
2nd year	=	40% reduction
3rd year	=	50% reduction

Immediate Assessment Reduction

Any Member who qualifies for retirement status with MPT, has no open Claims, and requests part-time practice status instead of retirement, will have his or her assessment reduced by 50% beginning the year following the reduction of practice to part time.

A Member qualifying for retirement status who has open Claims will be placed in the graduated assessment reduction process (as described above) until such time as all Claims are closed, when the Member could qualify for immediate 50% assessment reduction.

If after being approved for immediate 50% assessment reduction the Member has a Claim, the Member would be placed in the graduated assessment reduction process (as described above) at the level which otherwise would have been applicable if the Member had not been granted immediate 50% assessment reduction.

The MPT Board of Trustees retains the discretionary authority to deny, determine the amount of, change the conditions of, or terminate assessment modification at any time.

By my signature on this application:

- I represent and warrant that the information presented by me in support of this request is true and complete. I agree that I will promptly notify MPT of any change in the facts upon which my request is based as long as I remain in the part-time coverage program. In the event I have made any material misrepresentation of fact in connection with this request or fail to promptly notify MPT of any material change in the facts which I have presented, then the MPT Board of Trustees will exclude coverage for all Claims defense and Claims



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payment services for Occurrences during the period of part-time coverage.

- I give authorization to MPT to inspect my office and medical records as necessary to verify that I am practicing medicine part time according to the criteria as outlined in this Application for Part-Time Practice Status.
- I understand that it is my responsibility and I agree to notify all hospitals and other healthcare facilities at which I have privileges of any changes in my professional liability coverage.
- I understand that if this Application for Part-Time Coverage Status is approved, it shall be incorporated by this reference into the MPT Agreement.

Signature

Date

Print Name

FOR MPT USE ONLY

Effective Date of Practice Change: _____

Effective Date of Assessment Reduction: _____

Level of Assessment Reduction:

Year 1 _____ Year 2 _____ Year 3 _____

Approved by: _____
MPT Representative Date