

## Malpractice Quick Quote Form

Name \_\_\_\_\_

Entity Name / DBA \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Additional Practice Locations

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours per week worked \_\_\_\_\_ # of yrs practicing \_\_\_\_\_

Desired Effective Date \_\_\_\_\_ Policy Type

Occurrence

Claims-Made, retro date \_\_\_\_\_

Practice Specialty

General Dentistry  Orthodontist  Pediatric Dentist  Endodontist

Periodontist  Prosthodontist  Oral Surgeon  Other \_\_\_\_\_

Any claims in past  3 years  5 years  8 years  none

Any history of probation, suspension or revocation on your license?  Yes  No

Have you taken a Risk Management Course in the past 12 months?  Yes  No

What procedures do you currently perform? Check any that apply.

Dental Implants  Cosmetic Surgery  Conscious Sedation  General Anesthesia Sedation

Partial Impacted Third Molar Extractions  Fully Impacted Third Molar Extractions

Same Day Dentures  Botox & Dermafillers  Other \_\_\_\_\_

Practice Organization Information

Sole Proprietor  Solo Incorporated (No other dentists)  For Profit / Non-Profit Clinic

Hospital  Multi-Shareholder / Partnership / LLC  Dental School Faculty

Dental Laboratory  Management Service Organization  Mobile Dental Practice

Nursing Home  Other \_\_\_\_\_

Limits of Liability

\$200,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$3,000,000

\$2,000,000/\$4,000,000  \$4,000,000/\$6,000,000

Current Carrier \_\_\_\_\_ Current Limits \_\_\_\_\_

When form is complete, please fax back to MDIS at 573.634.5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website, [www.MDIS4DDS.com](http://www.MDIS4DDS.com).

\*This form is to gather information for quoting coverage, this is NOT a confirmation of coverage. \*