



# Post Graduate & Doctors in Specialist Training Insurance Information

Please complete and return this form to Doctors' Choice as soon as possible by email at [service@drschoice.com.au](mailto:service@drschoice.com.au) or fax on (08) 6323 4668 or post to Suite 19, 23 Mill Point Road, South Perth WA 6151. It is important that you take care and provide accurate and complete information so we can properly determine the policy that is right for you. If you have any questions when completing this form, please contact us on 1800 DRS CHOICE (1800 377 246).

## Your Details

Title	First name	Middle name(s)	Last name <i>(also indicate former/maiden name if applicable)</i>
Preferred name <i>(if applicable)</i>	Gender	Date of birth (dd/mm/yy)	
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	____/____/____	

## Your Contact Information

Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Other phone	
Email <i>(feel free to include more than one and, if so, mark the preferred email address with an asterisk)</i>		
Mobile		
Other phone <i>(if applicable)</i>		
Residential address	Primary practice address	Other address <i>(if applicable)</i>
Electronic correspondence	We will provide all correspondence to you electronically. However, if you would prefer to receive correspondence by post, please tick this box. <input type="checkbox"/>	
Hard copy correspondence	There may be times when we are legally required to mail a hard copy document to you so <b>please indicate your preferred postal address:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Primary practice <input type="checkbox"/> Other	

# Your Current Practice Information

If you are currently in a College training program:

What date did you commence that program?	_____ / _____ / _____
What month and year do you expect to complete your training?	_____ / _____

If you are not currently in a College training program:

Do you expect to begin a training program within 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you expect to begin that training program within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Geographical areas in which you currently practice</b> <i>(please indicate all):</i>
<input type="checkbox"/> WA <input type="checkbox"/> SA <input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> ACT <input type="checkbox"/> Overseas

<b>Public/Private mix of your practice</b> <i>(please select one):</i>		
<input type="checkbox"/> <b>Employer Indemnified/Public Hospital Only</b> (Please complete column A below)	<input type="checkbox"/> <b>Combination of Private &amp; Public</b> (Please complete column A below in relation to your employer indemnified/public hospital work <u>and</u> column B below in relation to your private practice)	<input type="checkbox"/> <b>Private Practice Only</b> (Please complete column B below)

<b>A</b> PUBLIC PRACTICE	<b>B</b> PRIVATE PRACTICE <i># Please see definitions on page 5</i>
<p><b>Do you provide healthcare services to public patients* in a public hospital for which you are <u>not</u> indemnified by your employer, state or area health authority or where you have an option you are exercising to maintain your own medical indemnity insurance for such work?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>* Public Patient means an individual to whom you provide health care treatment, advice or service under the terms of an agreement with a public hospital (within the meaning of the Health Insurance Act 1973 (Cth)), an Area Health Service or a State or Territory Government, unless the agreement or the billing process has the effect of not classifying the individual as a public patient.</small></p>	<p><b>What is the estimate of your current gross <u>annual</u> billings# from work for which you require indemnity?</b></p> <p>\$ _____</p>
	<p><b>Do you perform procedures or provide services which might be considered out of the ordinary or outside the scope of your training or e.g. involvement in clinical trials?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>Do you perform any cosmetic procedures#?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>Are you involved in obstetric practice?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<b>Overseas Practice</b>	
Do you intend to work overseas (paid or voluntary) in the next 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Volunteering</b>	
<b>Do you/will you perform unpaid volunteer work* at professional sporting events?</b> <small>* Unpaid volunteer work means work without the expectation of payment apart from reimbursement or receipt of reasonable expenses e.g. travel, meals or accommodation.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your Past Practice Information

Because medical indemnity claims or investigations can first be notified to you years after you have provided the relevant healthcare service, it is vital that at all times you are covered for your past practice through sufficient retroactive cover. Further, since 1 January 2016, medical practitioners are required to have appropriate retroactive cover in accordance with a revised registration standard of the Medical Board of Australia. The retroactive date of your insurance policy is the date from which your past work will be covered (unless you know or should have known that a claim might result from an incident or an incident is otherwise covered e.g. you have already notified the incident to your insurer or you are indemnified for the incident by a hospital or other employer). **If you move insurers, Doctors' Choice helps you make the switch so you have continuous cover in place. Your current insurance policy will indicate your retroactive date which we will obtain from your current insurer. However, if you have any questions or concerns about your retroactive date and/or any uncovered prior practice, please contact us on: 1800 DRS CHOICE / 1800 377 246.**

Since your retroactive date:

<b>Have you been involved in any obstetric practice not as a specialist Obstetrician or any cosmetic procedures#?</b> <small># Please see definitions on page 5.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have there been any years where the majority of your work was <u>not</u> in a hospital setting and indemnified by the hospital?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your Qualifications

To save you time, we will obtain some of the information we need about your qualifications from the Australian Health Practitioner Regulation Agency (AHPRA) Register of Practitioners.

<b>Overseas qualified doctors</b> For overseas doctors, please tick all that apply to you:	
<b>Working in Australia for less than 12 months</b>	<input type="checkbox"/>
<b>Working in Australia on a Visa</b>	<input type="checkbox"/> Visa 422 or <input type="checkbox"/> TSS Visa (457)
<b>Australian Medical Council (AMC) Pathway</b>	<input type="checkbox"/> Complete or <input type="checkbox"/> Completing

## Your Registration

To save you time, we will obtain your current registration details from the AHPRA Register of Practitioners.

In relation to your registration in any country:

<b>Have you ever been refused registration, deregistered or suspended from practice as a medical practitioner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there or have there been any conditions, undertakings, reprimands or notations placed on your registration?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your Indemnity History

Please provide details of your Australian indemnity history:

Name of Medical Defence Organisation or Insurer? <small>(Avant, Invivo, MDA National, MIGA, MIPS, Tego or Other)</small>	Year from	Year to

**In relation to your previous indemnity (anywhere in the world):**

<b>Have you been refused cover whether by rejection of an application for insurance or membership, cancellation of insurance or membership or not being offered renewal of insurance or membership?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you notified any matters (including claims, incidents, complaints, investigations, inquiries, AHPRA notifications) that have resulted in you having to pay higher than standard premiums for your area of practice?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you had, for any reason, any non-standard terms or conditions placed on your cover?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Current Insurer Feedback

Please let us know if you have any concerns about your current medical indemnity insurer or policy? *If insufficient space, please use the notes section on page 5.*

## Additional Info

<b>Will you be providing any details in the notes section on page 5 or providing us with any further information separately?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Finally, how did you hear about Doctors' Choice?

Please indicate all that apply:

<input type="checkbox"/>	<b>Referral/recommendation</b> - Referral business is a great compliment and very much appreciated by Doctors' Choice. We would love to know the name of the person who has recommended our services to you in order to thank them:
<input type="checkbox"/>	<b>Doctors' Choice Website</b> (could you please let us know what prompted your visit):
<input type="checkbox"/>	<b>Doctors' Choice Facebook Page</b> (could you please let us know what prompted your visit)
<input type="checkbox"/>	<b>Direct Contact from Doctors' Choice</b>
<input type="checkbox"/>	<b>Other</b> (please specify)

# Definitions

**Gross annual billings** means the total of all billings generated by you from all areas of practice for which you require indemnity for a financial year (in your name or for which you are personally liable), whether the funds are retained by you or not, and before any apportionment or deduction of expenses and/or tax including:

- Medicare benefits
- payments by individuals, the Commonwealth Department of Veterans' Affairs, workers' compensation schemes and third-party and/or vehicle insurers.

You must also include income received from other healthcare services provided by you such as professional fees for writing articles and incentive payments other than those made under the Australian Government's Practice Incentive Program (PIP).

Do not include billings or income from healthcare services that you provide in the public system for which you have access to indemnity from the public hospital's indemnity scheme or your employer.

**Cosmetic procedures** mean operations, procedures and treatments that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of improving the patient's appearance or self-esteem as there are no underlying medical, clinical or pathological reasons for undertaking such procedures.

## Notes *(if needed)*

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