



Pre-underwriting Liability Risk Assessment

Prospect Name: _____

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**PART 2: PROVIDER DEMOGRAPHICS
(MD, DO, PA, NP)**

1. Name _____
2. Years with Practice _____
3. Residency: _____ Dates: _____
4. Fellowship: _____
Area of Fellowship _____ Dates: _____
5. Board Certified: Y/N Date: _____ Recertification Date: _____
6. Procedures: Minimally Invasive BPH Procedures Y/N/R
(TUMT, TUNA, ILC, PVP, Holap)
Vasectomy Y/N/R
Pure Laparoscopy (not hand-assisted) Y/N/R
Robotic Prostatectomy Y/N/R
of cases _____ Fellowship Y/N
Penile Implants (with/without modeling) Y/N/R
Peyronie's (plication, grafting) Y/N/R
Reoperative Prosthetics (sphincter, implant) Y/N/R
Transplant Y/N/R
Advanced Prolapse (Vault or Rectocele) Y/N/R
Staghorn Calculi Y/N/R
Vasectomy Reversals Y/N/R
7. Level 1 Trauma Center participation Y/N

PART 3: CLAIMS HISTORY

1. Targeted review of Claims in the past 5 years

2. Possible additional Information:

3. Chart

PART 5: DOCUMENTATION

1. History

- a) cc
- b) hpi
- c) ros- (pregnancy status)
- d) pmhx
- e) pshx
- f) meds
- g) allergies

2. Physical

3. Labs

4. Imaging

5. Old Records

6. Endoscopic findings

7. Diagnosis

8. Rx- Side Effects, contraindications, etc.

9. Recommendations

10. Informed Consent

11. Disposition

PART 6: PROTOCOLS

1. Hematuria
2. Renal Masses
3. Infections- (ie. Urine C/S)
4. Pre- & Post-Vasectomy
5. Prostate Cancer
6. Bladder Cancer
7. Stents
8. Stones
9. ER Patients
10. Kidney Cancer
11. PIN
12. PSAs
13. Other:

14.

PART 7: SYSTEMS/FLOW

1. EHRs
2. Check-in
3. Intake
4. Labs
5. Imaging
6. Procedures
7. Intervention (Informed Consent, Witnesses)
8. Rx
9. Check-out
10. Disposition (follow-up vs. recall)
11. Surgery scheduling
12. Pre-op Instructions
13. Post-op Instructions

PART 8: PATIENT SATISFACTION

1. System to address patient complaints:
2. System to address incident reports:

3. Adverse events reporting:

PART 9: RESULTS / RECOMMENDATIONS
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CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ Email: _____

DATE OF PRE-UNDERWRITING ASSESSMENT: _____

PERSONS CONDUCTING ASSESSMENT: _____

Outcome:

Recommendations:

Add a disclaimer – to report provided back to Urology Group, broker, everybody
“SCRUBS can make no guarantee that recommendations made in this report,
and followed by the Group, will prevent you from ever having a claim, or reducing
severity or frequency of claims.”