

# Professional Liability Insurance Consulting Services Endorsement



## Coverage for your non-medical activities

Increasingly, healthcare professionals are participating in educational and consulting activities in addition to direct patient care. These activities carry unique legal risks that can be covered under your Professional Liability Insurance by adding the Consulting Services Liability Endorsement.

The cost for the endorsement is just **\$25 a year**. This coverage is available whether you are full-time, part-time, employed or self-employed.\*

### Non-medical activities include:

- Medical administration
- Training
- Legal consultation
- Speaking at seminars
- Teaching or acting as an expert witness
- Providing expert testimony
- Rendering advice in your area of specialization

If you are managing a patient's total care; developing, assessing and coordinating treatment plans; or conducting utilization review, call **800.982.9491** for information on our Case Management Endorsement.

*Over, please.*

## Consulting Services Liability Endorsement Request Form

To activate your coverage complete the form below and return it to HPSO along with your payment of \$25.00 **within 30 days** of the Consulting Services Liability Endorsement requested effective date.

Professional Liability Insurance Policy Number (if available): \_\_\_\_\_

Consulting Services Liability Endorsement Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**YES**, please add the Consulting Services Liability Endorsement to my Professional Liability Insurance as of the requested effective date listed above.

Enclosed is my check for \$\_\_\_\_\_ (**Payable to NSO or HPSO**)

Charge my credit card in the amount of \$\_\_\_\_\_.

AMEX    Discover    MasterCard    Visa

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Policyholder Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE RETURN THIS FORM TO:

Healthcare Providers Service Organization | 1100 Virginia Drive, Suite 250 | Fort  
Washington, PA 19034 | Or if paying by credit card, fax to: 1.800.758.3635

### Questions?

Please call our Customer Service Center at **800.982.9491** Monday through Friday 8 a.m. to 6 p.m. Eastern Time.

\*This endorsement is not available to healthcare aides, technicians or technologists.

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