

CATASTROPHIC INMATE MEDICAL INSURANCE APPLICATION

Completed applications should be sent directly to dan.lancaster@huntins.com or faxed to (850) 385-2124.

Name of Prospective Insured: _____

Contact Person: _____

Street Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Tax ID #: _____

Average Monthly Inmate Population for the past 12 months: (Include those housed at other facilities for whom you are responsible; Exclude inmates you are housing for others, whom you are not responsible) _____

Maximum County Jail Capacity: _____ Average Length of Detention: _____

Estimated percentage of Inmates kept under 30 days: _____, 30 days to 6 months: _____, 6 months to 1 year: _____, over 1 year: _____

Do you contract with a Correctional Healthcare Provider? Yes _____ No _____
If yes, who? _____

Do you or the Correctional Healthcare Provider have a discount agreement in place with the local Hospitals and Doctors? Yes _____ No _____ What %: _____

Do you or the Correctional Healthcare Provider have case management staff to assure proper monitoring of a Hospital stay? Yes _____ No _____

Do you have an on premises infirmary? Yes _____ No _____

Which Hospital is the primary caregiver? _____
For Profit _____ Not for Profit _____

It is presumed that a large percentage of inmates are most likely indigent and eligible for Medicaid. In your negotiations with the healthcare providers, you should attempt to negotiate a reimbursement agreement under Medicaid or Medicare valuations. In the majority of cases the County Jails medical services volume of Inpatient and Outpatient Surgical Services is an insignificant financial impact to the providers' bottom line, but it definitely has an impact to the County's bottom line, even with a discount off the billed amounts. A Medicaid or Medicare reimbursement would be reasonable and fair for this type of population.

 **Hunt Insurance Group, LLC - Administrator**

3606 Maclay Blvd S., Ste. 204 • Tallahassee, FL 32312 • Toll Free: (800) 763-4868 • Phone: (850) 385-3636 • Fax: (850) 893-7245 • www.inmatemedicalinsurance.com

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OFF-SITE — Inpatient Hospital, Outpatient Surgical Procedures and Physicians Services Claims

Total inmate claims which exceed \$10,000 per inmate that have occurred in the past, listed by year.

<u>Inmate Name</u>	<u>Diagnosis</u>	<u>Paid Claims</u>	<u>Pending Payment</u>
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			

(If more lines are needed please add an additional document).

Are any of these inmates currently in your care, custody or control? Yes _____ No _____

If yes, current prognosis: _____

Are there any inmates currently off-site (inpatient) at this time? Yes _____ No _____

Name: _____ Diagnosis: _____ Prognosis: _____

Name: _____ Diagnosis: _____ Prognosis: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Date: _____ Prospective Insured Signature: _____ Title: _____

Date: _____ Agent Signature*: _____ Title: _____

*Agent Signature also required if Application has been completed by an Agent.



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