

# Catastrophic **Inmate** Medical Insurance

## Questionnaire

**Organization/Agency Information:**

Legal Name of Prospective Policyholder: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
 Mailing/Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Detention Facility Information & Inmate Counts:**  Check here if not applicable

**For the average and current inmate population, count only those for which you are financially responsible, including any inmates housed at other facilities; exclude all inmates for whom you are not financially responsible.**

Average monthly inmate population for the past 12-months: \_\_\_\_\_ Current inmate population: \_\_\_\_\_

Primary Detention Facility: \_\_\_\_\_ Max Jail Capacity: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any other detention facilities that you use to house inmates and the approximate number at each; these numbers should be included in the figures above (if additional lines are required, please include them in the Additional Comments on Page 2):

Facility Name:	City, State:	Count:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contracted or Negotiated Rates with Medical Providers:**

Does the state in which the facility is located have legislation that limits medical expenses for indigent care?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you contract with an on-site healthcare provider?  Yes  No If yes, who? \_\_\_\_\_

Please check the following option that best describes how off-site medical bills are handled:

- Reviewed, negotiated, and paid by county, sheriff, or city staff
- Reviewed and negotiated by on-site Healthcare Provider
- Reviewed and negotiated by off-site Third Party Claims Administrator

What is the name of the Third-Party Claims Administrator? \_\_\_\_\_

What is the administrative processing fee? \_\_\_\_\_

Other: \_\_\_\_\_

Does your jail have medical personnel:  On-site 24/7  On-call  Neither

Additional comments about on-site medical care: \_\_\_\_\_

Would you like information on the Off-site Medical Cost-Control Program (OMCCP)?  Yes  No

*The Off-site Medical Cost Control Program (OMCCP) is a claim management resource designed to reduce a jail's administrative and financial burden by repricing medical bills and engaging with providers on their behalf.*

List the the top two hospitals you use and the contracted rate at which medical expenses are paid:

Hospital	Contracted / Negotiated Rate (outside of legislation)
_____	_____
_____	_____



**Catastrophic Inmate Medical Insurance** Administered by Hunt Insurance Group

2075 Center Pointe Blvd., Ste. 101, Tallahassee, FL 32308 ☎ Toll-Free: (800) 763-4868 ✉ huntbenefits@huntins.com 🌐 www.inmatemedicalinsurance.com

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# Catastrophic Inmate Medical Insurance.

**Claim History:**

List all inmate medical claims incurred outside the walls of your jail that exceed a total of \$10,000 per inmate, during the previous rolling 24-months. You may use the lines below or submit this in an excel spreadsheet (preferred).

Inmate Name	Date(s) of Service	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider

Please list the inmates that are still in custody or currently inpatient and their prognosis:

Name	Prognosis	Still in Custody?	Currently Inpatient?
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Existing Coverage and Other Information:**

Do you currently have insurance for off-site medical expenses?  Yes  No

If yes, who is your current carrier? \_\_\_\_\_ Total Annual Premium: \_\_\_\_\_

If possible, please provide a copy of your current insurance policy when submitting this questionnaire.

What range of paid claim expenses (per inmate) would you consider catastrophic to your budget?

Paid expenses that exceed:  \$10,000  \$50,000  \$100,000 Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**Optional Coverage Selection:**

Include **Prior-to-Booking/In-Pursuit**  
Provides coverage for medical expenses incurred by an arrestee prior to being booked into a covered facility and for which the covered entity is financially responsible.

Include **Security & Guarding Coverage**  
Provides coverage for 50% of expenses associated with guarding an inmate that is receiving medical services outside the walls of the covered facility(ies). The maximum benefit is \$5,000 per inmate.

**Additional Comments:**

Please use the space below to provide additional information you would like us to know:

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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