Dialysis Centers Supplement

1. Name of Facility:_____

2. Are medication or drugs given:

   a. Only under a physician's written orders? ☐ Yes ☐ No

   b. Only by authorized medical professionals? ☐ Yes ☐ No

   If the answer to a. or b. above is NO, please explain

   _____

3. Is a complete medical history of each patient or client retained on premises? ☐ Yes ☐ No

4. Are medical records released to third parties without the written consent of the patient? ☐ Yes ☐ No

   YES, please explain:_____

5. Is a supervising physician on premises at the time of all hemodialysis treatments at the facility? ☐ Yes ☐ No

   If NO, please explain: _____

6. As respects the dialysis machine(s):

   a. Does the facility service its own machines: ☐ Yes ☐ No

   b. Is the facility an additional insured under the manufacturer's or distributor's products liability coverage? ☐ Yes ☐ No

   If the answer to b. is YES, please provide policy details

   _____

7. Is treatment initiated only under a physicians work order? ☐ Yes ☐ No

8. The number of treatments for each of the past three years was:

   200 ___ _____; 200 ___ _____; 200 ___ _____.

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

_____ _____

Signature of Applicant Date