



FLORIDA DOCTORS INSURANCE COMPANY

4655 Salisbury Road, Suite 110, Jacksonville, FL 32256

Part-Time Practice Supplement

General Requirements:

*Practice does not exceed 1,000 hours per year.
Part-time status must be permanent, or of long-term duration, except for pregnancy.*

Name: _____ Policy Number: _____

- _____ 1. Approximate practice hours per year. This is the time you spend in patient care (including hospital rounds, completion of patient medical records and consultations.)
- _____ 2. When did you begin practicing 1,000 hours per year or less?
- _____ 3. Do you expect to continue the reduced practice for at least the next year?

PRACTICE INFORMATION:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Operating Hrs From / To	/	/	/	/	/	/	/
# of Allied							
MD on site at all times Y/N							

1. If you are not physically present during all of the above hours, please explain:

2. Average Weekly Patient Load _____ Average Weekly Practice Hours _____

Eligibility is subject to Company approval in all cases. Annual verification is required. Special documentation may be requested.

I certify that the above information is true and correct, to the best of my knowledge. I will notify the company immediately if there is any change in my practice activity.

Signed: _____ Date: _____