

**Pennsylvania Physicians' Reciprocal Insurers
Radnor, Pennsylvania**

HOUSECALL QUESTIONNAIRE
GENERAL/FAMILY PRACTICE PHYSICIANS

(Addendum to Application for Physicians)

Here is a questionnaire on the nature of your house calls. Please be advised this does not confirm coverage. This is used as an underwriting tool to fully assess this risk.

Please note should this be approved, the questionnaire receipt date will be the effective date. Should you require additional space, attach a separate piece of paper.

1. Where are your records kept?

2. How do you get your house call patients?

3. Are they patients that cannot get to your office? (Please explain)

4. Are any of the house call patients referred by another doctor? If so, do you have an ongoing relationship with that physician?

5. How many house calls do you make in a month? _____

6. If you are part time physician, please provide in writing, that between your office hours and house calls, you continue to work <20 hours per week.

7. Is this in addition to your private practice or are house calls all that you are doing?

Physician Signature

Date