



Medical Program Application Addendum

1. What is the purpose of the Lease? _____

2. Do you have a specialty? Yes ___ No ___

If yes please specify: _____

3. List all insurance carriers accepted:

4. Are you a Member of a Medical Group? Yes ___ No ___

If yes list names? _____

5. How much malpractice insurance do you carry? _____

6. Average number of patients seen each month? _____

7. Number of employees? Support: _____ Doctors: _____

Medical License # _____ State issued: _____ Date license issued: _____