

# TUTORIAL: Process Applicant Details For Nurse Practitioner Application

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# PROCESS APPLICANT DETAILS FOR NURSE PRACTITIONER APPLICATION TUTORIAL



**SOP#:** \_\_\_\_\_ **Revision/Version:** 1.0  
**Effective Date:** 2013

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**Approved By:** CEO Daniel O'Neal

**Title:** TUTORIAL: Process Applicant Details For Nurse Practitioner Application

**Policy:** This tutorial serves as a standard operating procedure for processing applicant details for a nurse practitioner application.

**Purpose:** To provide the insurance agent and applicant with instructions for processing applicant details for a nurse practitioner application.

**Scope:** This tutorial covers processing applicant details for a nurse practitioner application.

**Responsibilities:** Insurance agents and applicants are responsible for processing applicant details for nurse practitioner applications.

**Definitions:**

**Overview:** This tutorial was created in 2013 to help insurance agents and applicants process applicant details for nurse practitioner applications.

# System Requirements

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## **System Requirements**

**This tutorial assumes that the user:**

1. Has access to the internet

## **Browsers and Operating Systems:**

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Allied Health Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

# Overview

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## **Overview**

This document was developed to assist agents and applicants in processing applicant details in nurse practitioner applications.

This document contains one main section:

- [\*\*I. Process Applicant Details\*\*](#)

## **PART I—PROCESS APPLICANT DETAILS**

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### **PART I—PROCESS APPLICANT DETAILS**

This section illustrates how to process applicant details for a nurse practitioner application.

# 1. Process Applicant Details | Primary Address

## Process Applicant Details | Primary Address

1. Type the applicant's e-mail address into the designated field. **NOTE:** This e-mail address will serve as the applicant's login.
2. Create and type a password into the designated field for the applicant.
3. Type the applicant's first name into the designated field.
4. Type the applicant's middle initial into the designated field.
5. Type the applicant's last name into the designated field.
6. Type the applicant's website into the designated field, if known.
7. Type the applicant's doing business as name into the DBA field.
8. Type the applicant's main contact into the designated field, if applicable.
9. Type the applicant's primary mailing address into the designated field.
10. Type the applicant's primary mailing city into the designated field.
11. Click to select the applicant's primary mailing state from the designated dropdown menu.
12. Type the applicant's primary mailing 5-digit zip code into the designated field.
13. Type the applicant's primary business telephone number (XXX-XXX-XXXX) into the designated field.
14. Type the applicant's primary residence phone number (XXX-XXX-XXXX) into the designated field.
15. Click on the blue hyperlinked text next to the Primary Practice Location header if the applicant's primary practice location is identical to their primary mailing address. **NOTE:** If the primary practice location is different, type the address, city, zip code and business phone into the designated fields, and select the state from the dropdown menu.
16. Click on the **Next** button. The Process Applicant Details | Medicare/Medicaid page displays.

## 2. Process Applicant Details | Medicare/Medicaid

### Process Applicant Details | Medicare/Medicaid

**Fireman's Fund<sup>®</sup> Insurance Company**

Contact Us: 954-788-5197  
Insurance for Business & Organizations

Our Company    Our Commitments    Careers    Contact Us    Find and Agent

Do you submit billing to medicare or medicaid?  Yes  No

Would you like to include General Liability coverage?  Yes  No

This optional coverage is available to locations owned or rented by the name insured only.  
Note: New Hampshire applicants are not eligible for this coverage.

Questions marked in yellow are required.

Remember to answer all questions.  
This will greatly speed up the application process.

Previous    Next

Save    Quit

1. Click to select whether the applicant submits billing to medicare or medicaid.
2. Click to select whether the applicant would like to include general liability coverage. **NOTE:** This optional coverage is only available to locations owned or rented by the named insured. New Hampshire applicants are not eligible for this coverage.
3. Click on the **Next** button to continue. The Process Applicant Details | General Liability page displays.

### 3. Process Applicant Details | General Liability

#### Process Applicant Details | General Liability

**Fireman's Fund<sup>®</sup> Insurance Company**  
Contact Us: 954-788-5197  
Insurance for Business & Organizations

Our Company    Our Commitments    Careers    Contact Us    Find and Agent

**GENERAL LIABILITY**

This optional coverage is available to locations owned or rented by the name insured only.

Please choose the General Liability type of risk.

Please indicate whether you own or rent the building.

If you rent or sell products, estimate your annual receipts (please enter 0 for none)

Please note: If you rent the building and rent or sell products, products coverage is not offered.

List name and physical street address of any additional facilities.

Address	Suite	City	State	Zip	Submit	Delete
961 E. Hillsboro Blvd.		Deerfield Beach	FL	33441	<input type="checkbox"/>	X
962 E. Hillsboro Blvd.		Deerfield Beach	FL	33441	<input checked="" type="checkbox"/>	X

Number of facilities = 2

Save    nurseprac    Quit

All the questions in yellow are required.

Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology Application for Broward County, FL

General Liability Premium  
\$275.00

Previous    Next

**NOTE:** This page only displays if the applicant indicated on the previous page that they seek general liability coverage.

1. Click to select the applicant's general liability type of risk from the dropdown menu.
2. Click to select whether the applicant owns or rents the building.
3. Type the applicant's annual receipt total (XXXXX, without dollar signs or commas) into the designated field.  
**NOTE:** Type a zero if there aren't any annual receipts.
4. If the applicant has additional facilities, type the additional address information into the designated fields.
5. Click on the green Submit box. A new premium amount displays on the right side of the page.
6. Repeat steps 4 and 5 until all additional facilities have been accounted for.
7. Click on the **Next** button. The Process Applicant Details | State Licensing page displays.

## 4. Process Applicant Details | State Licensing

### Process Applicant Details | State Licensing

The screenshot shows the Fireman's Fund Insurance Company website interface. At the top left is the company logo, a red fire helmet, and the text "Fireman's Fund® Insurance Company". To the right, there is a "Contact Us: 954-788-5197" link and a blue navigation bar with "Insurance for Business & Organizations". Below this is a horizontal menu with "Our Company", "Our Commitments", "Careers", "Contact Us", and "Find and Agent". The main content area contains a question: "Are you licensed or certified in all states that you provide services in?". To the right of the question are two radio buttons, "Yes" and "No", with the "Yes" button selected and circled in red. On the right side of the form, there is a yellow box with the text "Questions marked in yellow are required." and a grey box with the text "Remember to answer all questions. This will greatly speed up the application process." At the bottom of the form, there are four buttons: "Save", "Previous", "Next", and "Quit". The "Next" button is circled in red.

1. Click to select whether the applicant is licensed or certified in all of the states they service.
2. Click on the **Next** button. The Process Applicant Details | Claims Information page displays.

## 5. Process Applicant Details | Claims Information

### Process Applicant Details | Claims Information

The screenshot shows the Fireman's Fund Insurance Company website. The header includes the company logo and name, a contact number (954-788-5197), and a navigation menu with links for 'Our Company', 'Our Commitments', 'Careers', 'Contact Us', and 'Find and Agent'. The main content area is titled 'CLAIMS INFORMATION' and contains a question: 'Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit?'. Below the question are radio buttons for 'Yes' and 'No', with the 'No' button selected. A text box below the question is labeled 'If you answered "YES" above, please explain' and contains the instruction 'Type an explanation into this field if answered "Yes" to the previous question.'. To the right of the main form is a yellow box with the text 'Questions marked in yellow are required.' and a grey box with the text 'Remember to answer all questions. This will greatly speed up the application process.'. At the bottom of the form are buttons for 'Save', 'Previous', 'Next', and 'Quit'. The 'Next' button is circled in red.

1. Click to select whether any claim or lawsuit for malpractice has ever been brought against the applicant.  
**NOTE:** If the applicant responded "Yes" to this question, type an explanation into the designated field.
2. Click on the **Next** button. The Process Applicant Details | Claims and Experience Information page displays.

## 6. Process Applicant Details | Claims and Experience Information

### Process Applicant Details | Claims and Experience Information

The screenshot shows the Fireman's Fund Insurance Company website interface. At the top left is the Fireman's Fund logo. To its right is the text "Fireman's Fund® Insurance Company". In the top right corner, there is contact information: "Contact Us: 954-788-5197" and "Insurance for Business & Organizations". Below this is a navigation menu with links: "Our Company", "Our Commitments", "Careers", "Contact Us", and "Find and Agent".

The main content area is titled "CLAIMS AND EXPERIENCE INFORMATION". It contains two questions, each with a radio button for "Yes" and "No". The "No" option is selected for both. Below each question is a text area for an explanation, with the prompt "Type an explanation if answered 'Yes' to the previous question." circled in red. The first question asks: "Have you ever been the subject of complaints, charges or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession?". The second question asks: "Have you ever been declined, cancelled or non-renewed for any Professional Liability Insurance?".

On the right side of the form, there is a yellow box with the text: "Questions marked in yellow are required." Below this is a grey box with the text: "Remember to answer all questions. This will greatly speed up the application process." At the bottom of the form, there are "Save" and "Quit" buttons. A "Previous" button is on the left and a "Next" button is on the right, both with arrows. The "Next" button is circled in red.

1. Click to select whether a court, licensing board or regulatory agency responsible for maintaining standards within the profession has ever brought complaints, charges or disciplinary action against the applicant. **NOTE:** If the applicant responded Yes to this question, type an explanation into the designated field.
2. Click to select whether the applicant has ever been declined, canceled or non-renewed for professional liability insurance. **NOTE:** If the applicant responded "Yes" to this question, type a detailed explanation into the designated field.
3. Click on the **Next** button. The Process Applicant Details | Claims and Experience Information II page displays.

## 7. Process Applicant Details | Claims and Experience Information II

### Process Applicant Details | Claims and Experience Information II

The screenshot shows the Fireman's Fund Insurance Company website interface. At the top left is the Fireman's Fund logo. To its right is the text "Fireman's Fund Insurance Company". In the top right corner, there is a "Contact Us: 954-788-5197" link and a "Insurance for Business & Organizations" button. Below the logo is a navigation menu with links: "Our Company", "Our Commitments", "Careers", "Contact Us", and "Find and Agent". The main content area is titled "CLAIMS AND EXPERIENCE INFORMATION" in a yellow header. The question asks if the applicant is a proprietor, owner, partner, director, administrator, or officer of various types of facilities. There are radio buttons for "Yes" and "No", with "No" selected. Below the question is a text area for an explanation, with a red circle around the prompt "Type an explanation if answered 'Yes' to the previous question". To the right of the main form is a yellow box with the text "Questions marked in yellow are required." and a grey box with the text "Remember to answer all questions. This will greatly speed up the application process." At the bottom of the form are "Save" and "Quit" buttons. On the right side of the form, there are "Previous" and "Next" navigation buttons, with "Next" circled in red.

1. Click to select whether the applicant is a: (proprietor; owner; partner; director; administrator or officer) within any of the following entities: (hospital; sanitarium; health maintenance organization; managed care facility; foster care agency; nursing home; assisted living facility; long term care facility; adoption agency; temporary staffing agency; a Durable Medical Equipment (DME) business (including a store front) without providing patient care services; laboratory; overnight bed facility; blood bank or blood storage facility; third-party network; fitness/exercise center; health club; dialysis center; spa or surgicenter). **NOTE:** Type an explanation into the designated field if the applicant responded "Yes" in response to this question.
2. Click on the **Next** button. The Process Applicant Details | Nurse Practitioner Profession Specific Application Questions page displays.

## 8. Process Applicant Details | NP Profession Specific App Questions

### Process Applicant Details | NP Profession Specific App Questions

Fireman's Fund Insurance Company

Contact Us: 954-788-5197

Insurance for Business & Organizations

Our Company Our Commitments Careers Contact Us Find and Agent

**Nurse Practitioner Profession Specific Application Questions**

Please choose your specific professional classification.

Does any part of the professional services you provide involve temporary staffing?  Yes  No

Do you own or operate a medical clinic?  Yes  No

Are you working under the supervision of a Physician?  Yes  No

If "yes" to working under supervision, does the physician have other inforce Professional Liability coverage with limits of liability equal to or greater than yours?  Yes  No

Does your interpretation of x-rays or lab test results occur solely in conjunction with direct patient treatment?  Yes  No  N/A

If "Yes" to interpretation of x-rays, do you interpret x-rays or lab test results on behalf of a clinic or facility without direct patient contact on your behalf?  Yes  No

Do you perform Cytology testing or interpretation?  Yes  No

Underwriting

Previous Next

Save Quit

1. Click to select the applicant's specific personal classification from the dropdown menu.
2. Click to select whether any of the professional services the applicant provides involve temporary staffing.
3. Click to select whether the applicant owns or operates a medical clinic.
4. Click to select whether the applicant is working under physician supervision.
5. If the applicant selected Yes to the previous question, click to select whether the physician has other PL coverage with limits of liability equal to or greater than the applicant's coverage.
6. Click to select whether the applicant's interpretation of x-rays or lab test results occurs solely in conjunction with direct patient treatment.
7. If the applicant selected Yes to the previous question, click to select whether they interpret xrays or lab test results on behalf of a clinic or facility without direct patient contact on their behalf.
8. Click to select whether the applicant performs cytology testing or interpretation.
9. Click on the **Next >>** button. The Process Applicant Details | Additional Insured page displays.

## 9. Process Applicant Details | Additional Insured

### Process Applicant Details | Additional Insured

**Fireman's Fund<sup>®</sup> Insurance Company**

Contact Us: 954-788-5197  
Insurance for Business & Organizations

Our Company | Our Commitments | Careers | Contact Us | Find and Agent

**Additional Insured**

Additional Insured Name: Additional Insured  
Type of Additional Insured: Co-Owner of Insured Premises  
E-mail Address: Insured@gmail.com  
Address: 362 E. Hillsboro Blvd  
City: Deerfield Beach  
State: FL  
Zip: 33441  
Click to Add

**Additional Endorsements & Coverage's**

**Attached Endorsements**

Medicare or Medicaid Reimbursement Endorsement -  
Premium Charge \$82.00

Additional Insured - Co-Owner of Insured Premises  
Additional Insured 361 E. Hillsboro Blvd. Deerfield Beach  
FL 33441 - Premium Charge \$206.00

Total Premium Charge \$288.00

Click on the [Endorsement](#) above to [ADD](#).  
Click on the [Endorsement](#) above to [REMOVE](#).

**Mandatory Endorsements**

Click on **Endorsement** to view sample

Common Policy Declarations

Medical Professional Liability Declarations - Occurrence

Medical Professional Liability Policy - Occurrence

Florida Changes (PL)

Florida Important Notice

Florida Insurance Guaranty Association Surcharge Notification - (FLIGA)

Medicare or Medicaid Reimbursement Endorsement

Previous | **Next** | Quit

Save | Quit

**NOTE:** This page only applies if the applicant needs to insure additional people.

1. Type the applicant's additional insured name into the field.
2. Click to select the additional insured's insurance type from the dropdown menu.
3. Type the additional insured's email address into the designated field.
4. Type the additional insured's street address into the designated field.
5. Type the additional insured's city into the designated field.
6. Type the additional insured's 2-letter state abbreviation into the designated field.
7. Type the additional insured's 5-digit zip code into the designated field.
8. Click on the **Click to Add** button. The additional insured's information displays in the Attached Endorsements field.
9. If additional insureds need to be entered, repeat steps 1-8.
10. Click on the **Next** button.

This concludes the Process Applicant Details portion of this tutorial.

# Revision History

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## Revision History

Revision:	Date:	Requested By:	Description of Changes:	Signature