

**PHYS. AGREEMENT/
ENROLLMENT FORM**

***** Please review, sign and date, then fax to COPIC at (720) 858-6003.*****
We cannot enroll you otherwise.

You have agreed to participate in a program with COPIC called “3Rs—A COPIC Insurance Company Post-Incident Risk Management Program” covering medical complications and/or unexpected medical outcomes. This program is more fully described in the Participation Manual.

The early intervention feature of this program (in the first 48-72 hours) is aimed at explaining an unexpected outcome or complication to your patient, expediting recovery, and providing possible reimbursement of certain out-of-pocket expenses incurred by your patient due to the complication without the determination of negligence.

Under this program, COPIC may reimburse patients for related out-of-pocket medical expenses because of an unexpected outcome or complication. COPIC may also recognize a patient for additional recovery time. In addition, it is important for you to realize that these monies will be reimbursed only after all other applicable private, self-funded, or governmental health plans have paid their full obligations to the patient. In short, COPIC will only reimburse amounts in excess of payments made or to be made by the patient’s existing coverage.

COPIC agrees to provide a 3Rs Administrator to work with you and the patient to:

- Provide training and instruction.
- Aid in physician-patient communication as necessary.
- Provide information and/or advice periodically on the program via the 3Rs newsletter.
- Maintain contact with you and the patient, as needed.
- Provide timely reimbursement to the patient.
- Provide notification of case closure.

Your obligations and duties involve:

- Immediately notifying COPIC of unexpected medical outcomes (incidents are to be reported within 24-48 hours of recognition).
- Communicating with the patient about the medical situation, follow-up, etc. A face-to-face meeting with the patient is encouraged.
- Reviewing additional treatment needs and options with all involved parties.
- Remaining involved and in communication with your patient and COPIC during this process.
- Offering program assistance **only** after speaking to an Administrator.
- Personally discussing the availability of this program with the patient (ONLY after discussion with COPIC).
- Contacting the Administrator for case updates, as desired.

We would like your complete cooperation and feedback so that we can make this program effective and increase both patient and physician satisfaction. Please complete the feedback survey you will receive upon case closure.

The Physician Participation Manual contains detailed information on the 3Rs Program. We ask that you call us if you need additional information. Let’s continue to strive to give the best care possible to our patients.

Ted Clarke, M.D.

Ted J. Clarke, M.D., COPIC Chairman and CEO

Name of Physician (please **PRINT**)

Physician Signature

Date

Name on Physician’s COPIC Policy (Policyholder)

**FOR COPIC
USE ONLY**

Effective date of coverage: _____

Policy number: _____