



MEDICAL GENETICS SUPPLEMENTAL QUESTIONNAIRE

Your Full Name: _____ Policy Number: _____
(Please Print)

Directions: Please complete the following questions regarding your practice. If a question does not apply to your practice, state "N/A." Use the Remarks section if you need additional space or attach additional pages as necessary. **Your signature is required on page 2.**

SECTION I: Tests, Procedures and Examinations

1. Do you perform invasive diagnostic tests? Yes No

If yes, please complete the following table regarding the types and numbers of invasive diagnostic tests that you perform:

Diagnostic Test	Estimated Number Performed Per Year
Amniocentesis	
Chorionic Villus Sampling	
Percutaneous Umbilical Blood Sampling	
Other: _____ _____	

2. Do you perform therapeutic procedures? Yes No

If yes, please identify the procedure(s) and the estimated number that you perform of each per year:

3. Do you always refer a patient to his or her primary care physician if you discover a medical condition (other than the genetic disorders that you treat) through a physical examination? Yes No

If no, please explain:

SECTION II: Remarks

Please provide any additional information to further describe your practice that has not otherwise been addressed in this questionnaire:

For California and Rhode Island Physicians Only

I represent and warrant the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my coverage. I agree to notify NORCAL Mutual Insurance Company immediately if my practice changes in any way and of any change in the information contained on this questionnaire.

Signature

Date

Print Name

For Alaska Physicians Only

I represent the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my coverage. I agree to notify NORCAL Mutual Insurance Company immediately if my practice changes in any way and of any change in the information contained on this questionnaire.

Signature

Date

Print Name