

VCUHS PROFESSIONAL LIABILITY FACT SHEET
for Interns, Residents and Fellows at MCV
(Information effective July 1, 2008 through June 30, 2009)

Name & Address - Self-Insurance Program:

VCUHS Authority/MCV Hospitals Medical Malpractice Self-Insurance Trust
C/O VCUHS Professional Liability Office
P.O. Box 5097
Richmond, VA 23220

Contact Person:

Christine Tomes
Phone: (804) 648-5200
FAX: (804) 783-6012

Current Policy Number:

self-insured

Current Effective Dates:

7-1-08 to 6-30-09

Current Limits:

\$2,000,000 each medical incident
\$6,000,000 annual aggregate

To obtain an official Certificate of Coverage (face sheet) or claims history, please complete the attached form and fax it to the Professional Liability Office at 783-6012 (no cover sheet required). Please feel free to make copies as needed.

VCUHS PROFESSIONAL LIABILITY
Request for Documentation
Fax Request to: 783-6012

Please Send (check those that are needed):

9 Certificate of Coverage (face sheet)

9 Claims History (loss run) Letter (Includes all claims and lawsuits filed against health care provider.)

9 Both are Needed

I authorize the VCUHS Department of Professional Liability to send the above information to:

Printed Physician Name: _____

Physician Signature: _____

Date Signed: _____

PLEASE ALLOW TIME FOR ALL VERIFICATION PROCESSES TO BE COMPLETED.
(Normally this can be accomplished within a few business days, but occasionally it may take longer.)

