

**MALPRACTICE INSURANCE STATEMENT FORM**  
**Faculty Appointment Status**

<b>Name:</b>	<b>Department:</b>
<b>Medical Staff (UH) Title</b> (Attending, Courtesy, etc.):	<b>Division:</b>

- \_\_\_\_\_, MD's, proposed appointment at University Hospital **does not** qualify him/her to be covered under the hospital's malpractice insurance coverage. At a copy of his/her current malpractice insurance coverage must be submitted in order for the physician to be on the medical staff.

NOTE: Minimum limits of coverage of \$1 million /\$3 million for physicians and \$1 million/\$3 million for dentists and oral surgeons, naming University Hospital as a certificate holder. A copy of the declaration must be submitted prior to completion of credentialing and privileging, stating same.

- \_\_\_\_\_, MD's, proposed appointment at University Hospital **qualifies** him/her to be covered under the Hospital's malpractice insurance coverage.

\_\_\_\_\_  
Effective Date of Faculty Appointment

\_\_\_\_\_  
Faculty Appointment Title

\_\_\_\_\_  
Chief of Service Signature & Date

\_\_\_\_\_  
Department/Division

Approved by:

\_\_\_\_\_  
Justin Sambol, MD, FACS  
Senior Associate Dean for Clinical Affairs

\_\_\_\_\_  
Date