

Tego Medical Indemnity Insurance Application Form



Thank you for choosing Tego. We offer medical indemnity insurance for Australian Registered Medical Practitioners. With our flexible renewal dates and individual risk pricing, we deliver competitive pricing and market leading cover. You will always receive responsive, professional and expert medico-legal advice and claims support so you can continue to focus on providing quality patient care.

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POLICY INFORMATION

When would you like the policy to commence?

How did you hear about us?

1. PERSONAL DETAILS

Title	Given Names	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender ☐ Female ☐ Male

Date of Birth

Mobile	Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS

Address Line 1

Address Line 2

City	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRACTICE DETAILS

Address Line 1

Address Line 2

City

State

Post Code

Are you a practice owner?

Yes

No

Preferred Contact (Email, Home or Practice)

Practice Phone

2. QUALIFICATIONS HELD

Qualifications	Institution	Year Obtained	Country

3. COLLEGE MEMBERSHIPS

College	Year Fellowship Obtained

3.1 Are you currently in a training program?

Yes

No

If yes, please answer the following:

When did you commence?

/ /

What is your expected completion date?

/ /

Please provide details of your training programme.

4. REGISTRATION DETAILS

- 4.1 Are you working on a 422, 457, or any other temporary working visa whilst in Australia?
(If Yes, please send a copy to clientsupport@tego.com.au) Yes No
- 4.2 AHPRA registration number
- 4.3 Year first registered in Australia Medicare Provider Number
- 4.4 Have you ever practiced under a different name? Yes No
If yes, please provide further details:
- 4.5 Have you ever been refused registration, been suspended or de-registered in any country
(including voluntary relinquishing your registration)? Yes No
If yes, please provide further details:
- 4.6 Have you ever had any conditions, limitations, notations, reprimands or undertakings imposed
on your registration in any country (anything that would be considered an adverse decision to
having standard registration)? Yes No
If yes, please provide further details:

5. INSURANCE HISTORY

- 5.1 Over the course of your practice of medicine have you responded to any complaints from patients
or submitted information to AHPRA or any other healthcare registration or regulatory authority
in any country? Yes No
If yes, please provide further details:
- 5.2 Have you ever been involved in an audit (including Medicare/prescribing), inquiry, investigation,
complaint, coronial inquest in relation to your conduct as a provider of healthcare services? Yes No
If yes, please provide further details:
- 5.3 Have you or your practice ever been involved or required to respond to any complaints, claims,
demands, suits or legal actions which have arisen out of your provision of Healthcare Services? Yes No
If yes, please provide further details:
- 5.4 Are you aware of any act, error, omission or circumstance that has arisen from your provision of
healthcare services that could or should have been notified under any current or prior insurance
policy or other arrangement under which you are or were entitled to indemnification? Yes No
If yes, please provide further details:

5.5 Have you ever been charged with, convicted of or found guilty of a criminal offence in any country? *

YesNo

If yes, please provide further details:

5.6 Have you ever self-notified or been the subject of a voluntary notification to AHPRA or any other healthcare registration authority in any country?

YesNo

If yes, please provide further details:

5.7 Has any privilege or authority been limited or adverse action ever been taken against you by an employer, medical board, hospital, health authority, medical college or statutory body in any country?

YesNo

If yes, please provide further details:

5.8 Is there any circumstance or situation, past or present, which you are aware of or should reasonably be aware of that relates to your provision of Healthcare Services which is likely to give rise to any claim that would be covered under this policy or that should have been notified to a previous insurer?

YesNo

If yes, please provide further details:

5.9 Have you ever been involved in any type of employment or training dispute arising from the provision of Healthcare Services including those services provided by you to a healthcare providing organisation or services provided to you by an employee or contractor?

YesNo

If yes, please provide further details:

5.10 Have you ever held medical or professional indemnity insurance in the past? (list below)

YesNo

If yes, Please provide details of the past cover(s)

Insurer	Period of Insurance	Retroactive Date	Reason for Move	Premium (\$)

5.11 Has any application for or renewal of medical or professional indemnity insurance ever been declined or cancelled, had a loading, deductible or special condition placed on your policy or have you ever been provided a policy with a reduced level of cover?

YesNo

If yes, please provide further details:

5.12 Have you ever provided healthcare without medical indemnity insurance in place (your own or a policy under which you were entitled to cover) or declined to take run-off cover for a period(s) where you were not practicing?

YesNo

If yes, please provide further details:

6. MEDICAL PRACTICE INFORMATION

- 6.1 Please provide the Healthcare Specialisation you practise in and the gross billings for the last 3 years. At least one specialisation must be provided. A list of covered healthcare specialties can be found at the end of the application form.

WHAT TO INCLUDE

Do NOT record a Gross Billings band. A dollar amount is required for all healthcare billings for which you require insurance cover. Gross Annual Billings are the total billings generated by you from all areas of your practice for which you require indemnity from us within the financial year, whether the funds are retained by you or not, and before any apportionment or deduction of expenses and/or tax. This includes work performed in your name or work for which you are personally liable, including but not limited to:

- Medicare benefits
- payments by individuals
- payments by the Commonwealth Department of Veterans' Affairs, workers' compensation schemes and third party and/or vehicle insurers
- income received from other healthcare services provided by you such as professional fees, writing articles, incentive payments and overseas work for which we have agreed to extend indemnity under the policy.

WHAT NOT TO INCLUDE

You do not need to include any billings or income from healthcare services that you provide for which you have access to indemnity from the public hospital's indemnity scheme or your employer.

Specialisation 1

Estimated gross private billings for next 12 months (in \$)

Actual gross private billings for last 12 months (in \$)

Actual gross private billings for previous 12 months (in \$)

Specialisation 2 (if applicable)

Estimated gross private billings for next 12 months (in \$)

Actual gross private billings for last 12 months (in \$)

Actual gross private billings for previous 12 months (in \$)

Specialisation 3 (if applicable)

Estimated gross private billings for next 12 months (in \$)

Actual gross private billings for last 12 months (in \$)

Actual gross private billings for previous 12 months (in \$)

6.2 What is your annual number of patient consultations?

6.3 Average hours worked per week

6.4 Years in Private Practice

6.5 Do you undertake any procedures/medical services usually considered to be outside of your specialisation? Yes No
(these could include, but not be limited to, Termination of pregnancy, Telehealth services involving text-based prescribing, where there is no video or telephone based consultation with the patient, Telehealth services where either you or your patient are overseas at the time when the healthcare is provided, *Peptides*, Complimentary medicine prescription. Medicinal cannabis, Vaginal Rejuvenation, Gender affirmation, Non-TGA approved hormone therapy). If yes, provide details.

6.6 Do you intend to practice in numerous Healthcare Services specialisations in the next 12 months? Yes No

If yes, please list below, identifying the percentage of your work in each category:

Category	Percentage of your Gross Billings
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6.7 If you provide healthcare in multiple States in Australia please advise of the percentage breakdown for the next 12 months

6.8 Do you currently, or have you ever performed cosmetic or anti-aging procedures or obstetrics that are not listed under the Healthcare Services specialisation(s) you have selected? If Yes, provide details. Yes No

If yes, please provide further details:

6.9 Do you require medical indemnity insurance for the provision of healthcare to public patients where you are not entitled to indemnity from any other source? (Select "No" if you are indemnified by your employer, public hospital or other third party.)

Yes No

(a) If yes to 6.9, please disclose your annual income from the provision of healthcare to public patients where you are not entitled to indemnity from any other source

\$

Yes No

(b) If yes to 6.9, do you treat public patients in public hospitals?

Yes No

(c) If yes to 6.9, do you treat public patients in your rooms, private hospitals or other health care facilities?

6.10 Have you ever practiced in another specialisation in the last 5 years? Yes No

If yes, please provide further details:

7. RETROACTIVE COVER

As of 1 January 2016 it is a requirement under the Medical Board's revised Registration standard for professional indemnity insurance (PII) arrangements that all Medical Practitioners with professional indemnity insurance have appropriate retroactive cover for otherwise uncovered matters arising from prior practice undertaken in Australia. We may provide you with unlimited retroactive cover for any prior practice you have undertaken.

8. CLAIMS INFORMATION

Please provide Claims details

Claim 1

Date of incident:	Date you became aware of incident:	Date reported to past insurer:	Cost Incurred:
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="\$"/>

Details of incident including gender and age of patient (where applicable):

Claim 2

Date of incident:	Date you became aware of incident:	Date reported to past insurer:	Cost Incurred:
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="\$"/>

Details of incident including gender and age of patient (where applicable):

Claim 3

Date of incident:	Date you became aware of incident:	Date reported to past insurer:	Cost Incurred:
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="\$"/>

Details of incident including gender and age of patient (where applicable):

Claim 4

Date of incident:	Date you became aware of incident:	Date reported to past insurer:	Cost Incurred:
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="\$"/>

Details of incident including gender and age of patient (where applicable):

Any claims and circumstances which might give rise to a claim(s) or proceedings must be reported to us as soon as possible.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance and up until the commencement of the insurance, you have a duty, under the Insurance Contracts Act 1984, to tell the underwriter of anything that may affect the underwriters' decision whether to insure you and on what terms. You must tell the underwriter about anything that you know, or could be reasonably expected to know taking into account the nature and extent of the insurance cover to be provided and the class of persons who would ordinarily be expected to apply for such insurance cover.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell the underwriter anything that:

- reduces the risk to be insured or that is of common knowledge;
- the underwriter knows or, in the ordinary course of business, ought to know;
- the underwriter has waived your duty to tell them about.

If you do not tell the underwriter anything you are required to, they may cancel your contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell the underwriter is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

TEGO PRIVACY NOTICE

We collect Personal Information (as defined by the Privacy Act 1988) to provide, offer and administer our various products and services, or otherwise as permitted by law. Such purposes include responding to your enquiries, providing you with assistance, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, underwriting and pricing policies, issuing you with a policy, managing claims, processing payments); processing your survey or questionnaire responses; market research and the collection of general statistical information using common internet technologies such as cookies; providing you with marketing information regarding other products and services (of ours or a third party); quality assurance and training purposes; performing administrative operations (including accounting and risk management) and any other purpose identified at the time of collecting your information.

We will only collect Sensitive Information (as defined by the Privacy Act 1988) where it is relevant to underwriting an insurance policy or dealing with, managing, or processing a claim.

We may use or disclose Your Personal Information by giving it to related companies and our appointed third parties for research and analysis, to design, test or underwrite new insurance products or features and for subsequent follow up of quotations.

Your Sensitive Information will not be used or disclosed for any other purpose unless we have your permission. If you do not consent to us collecting, using or disclosing all or some of the Personal Information we request, we may not be able to provide you with our products or services such as processing your application for insurance, your claim or any payment due to you. It may also prevent us from maintaining or administering your policy or the provision of information regarding our products or services or those of any third party.

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Privacy Act). Our Privacy Policy follows the principles set out in the Privacy Act and explains our policies and practices in relation to the handling and use of Personal Information. Our Privacy Policy can be viewed in full on our website - www.tego.com.au, or you can ask our office for a printed copy.

If you have any questions, suggestions or complaints about our privacy practices (including a complaint about a breach of the Privacy Act or Australian Privacy Principles) or this Privacy Policy, You can either email our privacy officer at clientsupport@tego.com.au or write to Level 2, 338 Pitt Street, Sydney, NSW, 2000. We will respond to your question, suggestion or complaint as soon as possible.

DECLARATION

- (a) I have read and understood the Medical Practitioner Professional Indemnity Insurance Product Disclosure Statement & Policy Wording.
- (b) I declare that all answers and statements made in this application are true, correct and complete in every respect.
- (c) I authorise Tego Insurance Pty Ltd to obtain from other insurers, insurance reference bureaus or similar organisations any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.
- (d) I consent to the collection, use, storage and disclosure of my personal information as set out in the Privacy Policies of Tego Insurance Pty Ltd as available on the website links provided above.

Name <input type="text"/>	Signed <input type="text"/>
Title <input type="text"/>	
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Healthcare specialties

we insure



The below list sets out the specialties of practice that can be covered under the policy. The specialties are not prescriptive in that they do not set out specific medical procedures or services. However, each specialty category will cover treatment decisions made by the doctor in line with AHPRA guidelines, rules and regulations, their training colleges and any other credentialing authority.

- **Anaesthesia**
- **Bariatric Surgery** (Includes work in the General Surgery specialisation but also includes Bariatric procedures)
- **Cardiology - Non-Interventional** (Excludes any interventional procedures)
- **Cardiology - Interventional** (Includes work in Cardiology - Non-Interventional specialisation but also includes interventional procedures)
- **Cardiothoracic Surgery**
- **Colorectal Surgery**
- **Cosmetic Non-Surgical** (Includes photodynamic therapy, minor cosmetics, resurfacing lasers (including ablative), kybella, injectables/botox, anti-wrinkle and dermal fillers, Botox, cosmetic laser, collagen induction therapy (micro-needling), Sclerotherapy and microsclerotherapy, platelet-rich plasma, radiofrequency machines, superficial facial peels microdermabrasion, Belkyra, IPL/low level cosmetic laser.)
- **Cosmetic Surgical** (Includes cutting beneath the skin and major cosmetic procedures such as fat grafting, blepharoplasty, breast augmentation and hair transplant.)
- **Dermatology**
- **Doctor in Training**
- **Emergency Medicine**
- **Endocrine Surgery**
- **Endocrinology**
- **Gastroenterology**
- **General Physician**
- **General Practice - Minor-Procedural** (Any non-procedural or minor procedural work. Includes IUD and Implanon insertion, minor skin procedures such as excisions or punch biopsies of skin lesions, removal of ingrown toenails, shared antenatal care, injections such as immunisations and ferinject (iron deficiency injections) and medical termination under 9 weeks (abortion drugs).)
Excludes anaesthetic, cosmetic, and obstetric work
- **General Practice - Procedural** (Includes Minor Procedural activities plus Procedural work. Includes regional anaesthetic, circumcision, and vasectomy. Doctors working in Skin Cancer clinics should select this category.) Excludes obstetrics unless care is shared antenatal.
- **General Practice - Obstetrics** (Includes Minor Procedural and Procedural & Skin Cancer activities plus general anaesthetic and obstetrics.)
- **General Surgery** (Excludes any Bariatric procedures)
- **Genetics**
- **Geriatric Medicine**
- **Gynaecology/IVF**
- **Haematology**
- **Hospital Medical Officer**
- **Immunology and Allergy**
- **Infectious Diseases**
- **Intensive Care**
- **Medico-Legal**
- **Nephrology**
- **Neurology**
- **Neurosurgery**
- **Nuclear Medicine**
- **Obstetrics & Gynaecology**
- **Occupational Medicine**
- **Oncology**
- **Ophthalmology - Non-Procedural** (Excludes any surgical procedures)
- **Ophthalmology - Procedural** (Includes work in the Ophthalmology - Non-Procedural specialisation but also includes surgical procedures)
- **Oral & Maxillofacial Surgery**
- **Orthopaedic Surgery** (Excludes any neck or spinal procedures)
- **Orthopaedic Surgery - Incl. Spinal and Neck** (Includes work in the Orthopaedic Surgery specialisation but also includes any neck or spinal procedures)
- **Otolaryngology (Surgery)**
- **Pathology**
- **Paediatric Surgery**
- **Paediatrics**
- **Pain Management**
- **Palliative Care**
- **Pharmacology**
- **Plastic & Reconstructive Surgery** (Excludes any cosmetic procedures)
- **Plastic, Reconstructive And Cosmetic Surgery** (Includes work in the Plastic & Reconstructive Surgery specialisation but also includes any cosmetic procedures)
- **Psychiatry**
- **Public And Community Health**
- **Radiation Oncology**
- **Radiology**
- **Rehabilitation**
- **Respiratory Medicine**
- **Rheumatology**
- **Sports Medicine**
- **Surgical Assisting**
- **Ultrasound - Diagnostic**
- **Urology**
- **Vascular Surgery**