RLA Insurance INTERMEDIARIES

SUPPLEMENT FOR ABORTION CENTERS

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: ______________________________

2. Does the Applicant provide patients with:
   (a) Written discharge instructions? .... [ ] Yes [ ] No
   If Yes, attach a copy of the discharge instructions.
   (b) A contact name and phone number to contact the clinic/center after business hours? .... [ ] Yes [ ] No

3. Does the Applicant have a contract with an ambulance company for emergency transport? .... [ ] Yes [ ] No

4. Provide the following information for the past twelve months:

(a)	1st Trimester	13-16 wks gestation	16-20 wks gestation	20+ wks gestation	Total
No. of Surgical Abortions	______	______	______	______	______
Method(s) Used	______	______	______	______	

(b)	1st Trimester	13-16 wks gestation	16-20 wks gestation	20+ wks gestation	Total
No. of Medical Abortions	______	______	______	______	______
Method(s) Used	______	______	______	______	

5. Provide the following information estimated for the coming year:

(a)

Type of Visit	**No. of Estimated Visits**
Counseling	______
Family Planning	______
Gynecological	______
Other (describe)	
______	______

(b)

In-house Laboratory Testing	**No. of Estimated Lab Tests**
Hematocrits	______
Pregnancy Tests	______
Rh Tests	______
Urinalysis	______
Other (describe)	
______	______

6. Does the Applicant perform ultrasounds prior to any:
   (a) Medical Abortion? .... [ ] Yes [ ] No
   (b) Surgical Abortion? .... [ ] Yes [ ] No

7. As part of this Supplement attach the following:
   (a) Procedures on compliance with parent and father notification.
   (b) Procedures and protocols for complications.
   (c) A copy of all Patient Consent Forms used.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.
It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

______________________________ ______________________________
Name of Applicant Title

______________________________ ______________________________
Signature of Applicant Date