



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

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DEPARTMENT OF HEALTH

1303 HOSPITAL GROUND, SUITE 10, ST. THOMAS, U.S.V.I. 00802

OFFICE OF RISK MANAGEMENT
Schneider Regional Medical Center
Room 5076, 5th Floor



APPLICATION FOR MALPRACTICE INSURANCE

MEMORANDUM

TO: All Health Care Providers
FROM: Territorial Office of Risk Management

In accordance with law, no license obtained by a health care provider to practice in the territory shall be effective until said provider is covered by the group malpractice insurance policy procured by the Government of the Virgin Islands or any other insurance policy providing coverage of not less than \$250,000.00 for each patient involved in an occurrence.

Please indicate by checking below whether or not you desire malpractice coverage under the Virgin Islands Government policy. If you do not, please provide proof of other coverage. If such proof is not furnished, you will automatically be covered by the Government's policy and will be billed therefore.

- I would like coverage with the Virgin Islands Government policy
 - I would like to renew my virgin Islands Government policy
 - I do not wish to be covered by the Virgin Islands Government policy
Enclosed is proof of other coverage
- I am:
- Engaged in private practice only
 - Government employed with private practice
 - Government employed with no private practice

NAME: _____

SPECIALITY: _____

SOCIAL SECURITY NO.: _____

MEDICAL LICENSE NO.: _____

DENTAL LICENSE NO.: _____

MAILING ADDRESS: _____

DEA NO.: _____

TELEPHONE NO.: _____ (H) _____ (W)

**PLEASE NOTE THAT NO PHYSICIAN OR OTHER HEALTH CARE PROVIDER
WILL BE GRANTED MALPRACTICE COVERAGE UNDER THE SELF-INSURANCE
RETENTION PROGRAM UNTIL THIS FORM IS COMPLETED AND RETURNED TO
THE TERRITORIAL OFFICE OF RISK MANAGEMENT.**

Remit Payment to: Department of Health/GVI

Mail application and payment to: Department of Health
Office of Risk Management
1303 Hospital Ground - Suite 10
St. Thomas, VI 00802