

## ROCKBRIDGE UNDERWRITING AGENCY LIMITED 3700 BUFFALO SPEEDWAY, SUITE 560 HOUSTON, TX 77098 (713) 874-8800 (713) 874-8899 FAX

## **TELERADIOLOGY SUPPLEMENTAL APPLICATION**

1)	Applicant's name and Address:	
2)	Please indicate the number of radiograph interpretations:	
	a) For the past 12 months:	
	b) For the next 12 months:	
3)	Please check those services that apply and provide related detail:	
	Preliminary reads with the final interpretation by a radiologist at the site of the e	exam.
	Please indicate the percent of revenue:	
	First and final reads with interpretive reports provided to site of exam.	
	Please indicate the percent of revenue:	
	Other (i.e., second opinions, locum tenens, quality assurance, etc.).	
	Please describe and include the percent of revenue of each:	
		-
4)	Does your legal counsel review all advertising, brochures, and contracts?  YES/NO	

RUAL APP 96 0105 Page 1 of 2

5)	Please describe (or attach details) of your credentialing requirements:			
	JCAHO standard.			
6)	What percentage of your radiologists are board certified?			
7)	Please describe (or attach a copy) of your quality control measures, including:			
<i>')</i>	a) Regular double reading program with statistical analysis and grading of any discrepancies; b) Regular CME training; c) Full time technical support; d) Meet or exceed ACR teleradiology standards; e) HIPAA compliant PACS system.			
8)	Do you comply with all credentialing requirements of any participating facility?  YES/NO	]		
9)	Are you in compliance with the utilization standards of the American College of Radiology and Teleradiology?			
10)	From what states and which facilities in those states are you receiving the radiologic examinations?			
	STATE PERCENT OF READS TYPE OF FACILITY			
	<del></del>			

RUAL APP 96 0105 Page 2 of 2