Coverage for your non-medical activities

Increasingly, healthcare professionals are participating in educational and consulting activities in addition to direct patient care. These activities carry unique legal risks that can be covered under your Professional Liability Insurance by adding the Consulting Services Liability Endorsement.

The cost for the endorsement is just $25 per year. This coverage is available whether you are full-time, part-time, employed or self-employed.*

Non-medical activities include:

• Medical administration
• Training
• Legal consultation
• Speaking at seminars
• Teaching or acting as an expert witness
• Providing expert testimony
• Rendering advice in your area of specialization

If you are managing a patient’s total care; developing, assessing and coordinating treatment plans; or conducting utilization review, call 800.982.9491 for information on our Case Management Endorsement.
Consulting Services Liability Endorsement Request Form

To activate your coverage complete the form below and return it to HPSO along with your payment of $25.00 within 30 days of the Consulting Services Liability Endorsement requested effective date.

Professional Liability Insurance Policy Number (if available): __________________________
Consulting Services Liability Endorsement Requested Effective Date: _____ / _____ / _____
First Name: __________________________ Last Name: __________________________
Address: __________________________
City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Fax: __________________________
Email: __________________________

☐ YES, please add the Consulting Services Liability Endorsement to my Professional Liability Insurance as of the requested effective date listed above.

☐ Enclosed is my check for $___________ (Payable to NSO or HPSO)
☐ Charge my credit card in the amount of $___________.
☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa
Credit Card #: __________________________ Expires: _____ / _____
Cardholder’s signature: __________________________ Date: _____ / _____ / _____

Policyholder Signature: __________________________ Today’s Date: _____ / _____ / _____

PLEASE RETURN THIS FORM TO:
Healthcare Providers Service Organization • 159 E. County Line Road • Hatboro, PA 19040-1218
Or if paying by credit card, fax to: 1.800.758.3635

Questions?
Please call our Customer Service Center at 800.982.9491 Monday through Friday 8 a.m. to 6 p.m. Eastern Time.