

Direct Primary Care Medical Malpractice Audit and Program Feasibility Study

Dr. Philip Eskew (of DPC Frontier) has been working with Pete Behnke (of Integro USA) to gather malpractice claims and coverage information with the intent of establishing a DPC specific medical malpractice program and also to analyze claim experience within the DPC community vs traditional primary care settings. It is our belief that DPC physicians managing a significantly smaller patient panel than their traditional Primary Care counterparts should experience lower frequency and severity of medical professional liability claims. Additionally managing a smaller patient population should lead to improved clinical documentation and improved patient relationships both of which have been highly correlated to both frequency and severity of professional liability claims. As you may have experienced in your own practice, few if any malpractice insurance carriers have experience in DPC nor do they have the underwriting tools to properly credit premiums appropriately in light of this reduced exposure. Our efforts are directly tied to educating malpractice insurance carriers on DPC, and validating for them our reduced exposure while simultaneously working to obtain premium relief for our participating physicians.

The historical data obtained during this study will be used for underwriting and actuarial analysis. Any reports that are generated will be aggregated and blinded. No personal or individual data will be shared. By participating in these research gathering efforts (at no cost to you) we will notify you of the results of the study as soon as they are available.

The requested data is as follows:

- **Copy of a current Curriculum Vitae (CV)**
- **Copy of the current Declarations Page of your existing Malpractice Insurance Policy (The Declarations page, not your Certificate of Insurance)**
- **A copy of your malpractice claim hx for the past 10 years. (This is required from both your current and prior carriers (10 years) even if you have never had a claim. You may request it directly and forward us a copy or you can sign and return the following "Authorization to Release" form and we will request it on your behalf)**

Please forward the requested information to Peter Behnke/Integro USA

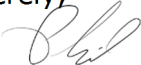
peter.behnke@integrogrou.com

Phone: 860-521-8555

Fax: 860-521-0555

Thank you in advance for your participation and should you have any questions at all please don't hesitate to contact one of the members of our team.

Sincerely,



Philip Eskew, DO, JD, MBA

Contact Information

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Peter Behnke:	peter.behnke@integrogrou.com	860-521-8555
Cory Shane:	cory.shane@integrogrou.com	860-521-8555

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I consent and authorize release of information to Integro USA/Health Care Risk Specialists, my present and past malpractice insurance history: specifically any malpractice suits, judgments and/or settlements during at least the past ten years.

Named Insured/ Group Name: _____
(Please Print or Type)

By Signing, I agree that a photocopy of this authorization and release shall be as effective as the original.

Signature of Authorized Representative

Date

Authorized Representative (Please Print)

Please send requested information to:

Shannon Palazzo
Email: Shannon.Palazzo@integrogrou.com
Fax: 860-521-0555
Phone: 860-521-8555
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