



**ROCKBRIDGE UNDERWRITING, AN RLI COMPANY**  
**3700 BUFFALO SPEEDWAY, SUITE 300**  
**HOUSTON, TX 77098**  
**(713) 874-8800**

**TELERADIOLOGY SUPPLEMENTAL APPLICATION**

1) Applicant's name and Address:	
<hr/>	
2) Applicant's Website:	
<hr/>	
2) Please indicate the number of radiograph interpretations:	
a) For the past 12 months:	<input type="text"/>
b) For the next 12 months:	<input type="text"/>
<hr/>	
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 exam.	
Please indicate the percent of revenue:	<input type="text"/>
First and final reads with interpretive reports provided to site of exam.	
Please indicate the percent of revenue:	<input type="text"/>
Other (i.e., second opinions, locum tenens, quality assurance, etc.).	
Please describe and include the percent of revenue of each:	<input type="text"/>
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4) Does your legal counsel review all advertising, brochures, and contracts?	<input type="text" value="YES/NO"/>
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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:

- 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?

**YES/NO**

10) From what states and which facilities in those states are you receiving the radiologic examinations?

STATE	PERCENT OF READS	TYPE OF FACILITY