TMLT
Texas Medical Liability Trust

TEXAS MEDICAL LIABILITY TRUST

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TELEMEDICINE QUESTIONNAIRE FOR PROFESSIONAL LIABILITY COVERAGE

PLEASE RETURN THE QUESTIONNAIRE WITHIN 14 DAYS.

POLICY NUMBER _____
(For Trust Use Only)

First name _____ Middle name _____ Last name _____ Office phone _____

1. What percentage of your medical practice is dedicated to telemedicine? _____%

   a. Do you practice telemedicine while physically outside the state of Texas? ☐ Yes ☐ No
   If yes, please provide the name of the state: _____

   b. Do you perform telemedicine for patients who are physically outside the state of Texas? ☐ Yes ☐ No
   If yes, please provide the name of the state: _____

   c. Do you practice telemedicine on established patients that you have previously seen in person? ☐ Yes ☐ No

   d. Do you practice telemedicine on patients you have not previously seen or with whom you have not previously established a physician-patient relationship? ☐ Yes ☐ No

   e. Please list the facilities for which you provide telemedicine services.

2. Do you meet the state licensing requirements in each state where you practice telemedicine? ☐ Yes ☐ No

3. Do you review and render an opinion regarding images, slides and specimens from a remote site? ☐ Yes ☐ No

   a. When interpreting images, slides or specimens I am the
   ☐ Primary Physician ☐ Overread Physician

   b. Do you have immediate access to the original data which enables you to manipulate or reformat the images? ☐ Yes ☐ No

   c. Are protocols in place at the host facility to ensure timely and adequate reporting of reviews? ☐ Yes ☐ No

   d. How do you transmit the result of your reviews?
   ☐ Email ☐ Internet ☐ Postal Service ☐ Other: _____

   e. Do you provide the official report directly to the ordering physician? ☐ Yes ☐ No

   f. Do you confirm receipt of your reports? ☐ Yes ☐ No

   g. Is there an overread performed by another physician? ☐ Yes ☐ No

   h. Do you interpret images, slides and specimens generated at remote sites in emergency situations? ☐ Yes ☐ No

4. Do you monitor electronic Intensive Care Units (eICUs)? ☐ Yes ☐ No

   a. Are you responsible for monitoring multiple eICUs at one time? ☐ Yes ☐ No
   If yes, how many? _____

   b. Please list the locations you are monitoring. _____

   c. Does each eICU have an emergency backup power source? ☐ Yes ☐ No

   d. Do you obtain and adhere to the procedure/protocol information from the host facility? ☐ Yes ☐ No

5. Do you perform telesurgery or proctor surgical procedures performed on patients located at a remote site? ☐ Yes ☐ No

6. Do you provide other telemedicine services? If yes, please list these additional services. ☐ Yes ☐ No

I hereby warrant and represent that the foregoing information is true and correct. I understand and agree that this questionnaire and the statements therein become a part of the policy. I further understand and agree (1) that any policy shall be issued in reliance upon the warranties and representations made herein; (2) if this questionnaire contains any false statements, the intent to deceive will be presumed; (3) any false statement or concealment will void all coverage.

Physician's Signature _____ Date _____