



Kinsale Insurance Company  
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**TELERADIOLOGY SUPPLEMENT**

Instructions to the Applicant: Please complete this supplement in ink and answer all questions completely. Attach extra sheets as necessary should you run out of space provided. An incomplete or illegible supplement cannot be processed.

**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_  MD  DO

**EDUCATION AND TRAINING**

1. Are you currently certified by the American Board of Radiology?  YES  NO  
 If yes, which certification(s) do you hold? \_\_\_\_\_
2. Are you in compliance with ACR guidelines with respect to the following key teleradiology recommendations:
  - Do you hold a valid medical license or a state-issued special purpose medical license in all jurisdictions for which images are transmitted to you for radiologic interpretation?  YES  NO
  - Are you credentialed by every institution from which you receive images for radiologic interpretation?  YES  NO
3. How long have you been practicing teleradiology? \_\_\_\_\_

**PRACTICE LOCATIONS/PROCEDURES**

4. What percentage of your practice is dedicated to teleradiology services outside of the state of your primary practice location? \_\_\_\_\_%
5. Indicate the state(s) where you will provide teleradiology services and the percentage in each state: \_\_\_\_\_

**6. Please identify the type(s) of teleradiology reads you perform (check all that apply)**

<u>Type of Read</u>	<u>Percentage of Read Type(s)</u>	<u># of Reads Last 12 Months</u>	<u># of Reads Next 12 Months</u>
<input type="checkbox"/> Plain Radiography	_____	_____	_____
<input type="checkbox"/> Fluoroscopy	_____	_____	_____
<input type="checkbox"/> Angiograph	_____	_____	_____
<input type="checkbox"/> Ultrasound	_____	_____	_____
<input type="checkbox"/> Computed tomography	_____	_____	_____
<input type="checkbox"/> Mammography	_____	_____	_____
<input type="checkbox"/> Nuclear Medicine	_____	_____	_____
<input type="checkbox"/> MRI	_____	_____	_____
<input type="checkbox"/> Other(s) _____	_____	_____	_____

7. Of the total number of reads noted above, please indicate the percentage of those that are final reads \_\_\_\_\_%

**AUTHORIZATION AND SIGNATURE**

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material fact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

