



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?
b. Do you perform telemedicine for patients who are physically outside the state of Texas?
c. Do you practice telemedicine on established patients that you have previously seen in person?
d. Do you practice telemedicine on patients you have not previously seen or with whom you have not previously established a physician-patient relationship?
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?
c. Are protocols in place at the host facility to ensure timely and adequate reporting of reviews?
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?
f. Do you confirm receipt of your reports?
g. Is there an overread performed by another physician?
h. Do you interpret images, slides and specimens generated at remote sites in emergency situations?

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

- a. Are you responsible for monitoring multiple eICUs at one time?
b. Please list the locations you are monitoring.
c. Does each eICU have an emergency backup power source?
d. Do you obtain and adhere to the procedure/protocol information from the host facility?

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? Yes No
If yes, please list these additional services.

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