



MEDICAL DIRECTOR QUESTIONNAIRE

Provider Name:	Curi Policy Number:
----------------	---------------------

- Name of facility where you are working as a medical director:
- Facility address:
- Describe the services provided by the facility:
- Check all that apply regarding the facility:
☐ For Profit ☐ Not For Profit ☐ Inpatient ☐ Outpatient
- What is your employment status as medical director: ☐ Employed ☐ Contracted
- Describe your duties as medical director:

- Specify average hours each month working as medical director:
How many of these hours are onsite at the facility?
- Do you supervise staff? ☐ Yes ☐ No
If yes, what is the number and type of staff you supervise:

ADDITIONAL COMMENTS

I declare the information provided herein is complete and accurate. Providing false or misleading information may result in limiting or voiding coverage. I acknowledge a duty to timely inform you of any changes to answers provided herein.

Signature

Print Name

Date