

Policyholder Services Member Guide

Policyholder Services (PHS) allows providers and authorized practice representatives to manage many aspects of their accounts online, including applications, certificates of insurance, and Legacy Fund balances.

Features available to practice administrators:

- View policy information
- View billing and payment information
- View Policy Documents
- For providers listed on the policy:
 - Generate a Certificate of Insurance (COI), including certificate holders
 - Add a provider
 - Add a locum tenens
 - Remove a provider
- Review Legacy Fund balance
- Access member benefit statements
- Manage renewal questionnaires
- Update contact information

Features available to providers:

- View policy information
- Generate COI
- Review Legacy Fund balance
- Access member benefit statement
- Access renewal questionnaire
- Update contact Information

For questions, contact your Curi representative.

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Getting Started

Visit curi.com

Click [Sign In](#).

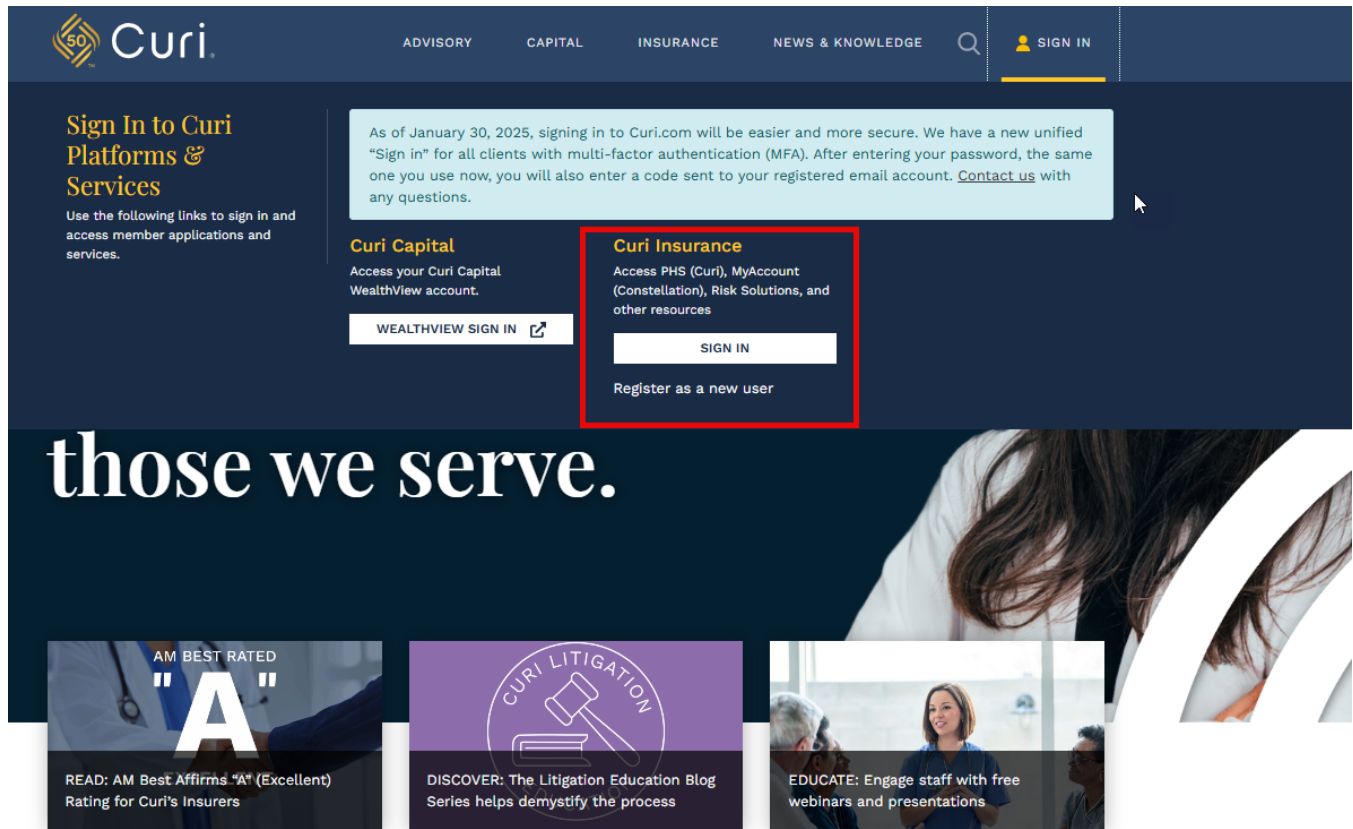
The screenshot shows the Curi website homepage. At the top is a dark blue navigation bar with the Curi logo (a gold '50' icon) on the left. The navigation menu includes 'ADVISORY', 'CAPITAL', 'INSURANCE', and 'NEWS & KNOWLEDGE', followed by a search icon and a 'SIGN IN' button highlighted with a red border. Below the navigation bar is a large banner with a dark background and a portrait of a smiling woman with glasses. The banner text reads: 'Celebrating 50 years. Enhancing the lives of those we serve.' Below the banner are three content tiles: 1) 'AM BEST RATED' with a large 'A' and text 'READ: AM Best Affirms "A" (Excellent) Rating for Curi's Insurers'; 2) 'CURI LITIGATION' with a gavel icon and text 'DISCOVER: The Litigation Education Blog Series helps demystify the process'; 3) 'EDUCATE: Engage staff with free webinars and presentations' with a photo of a woman speaking.

Register/Sign In to PHS

If you are new to the Curi site, you will need to register.

In the Curi Insurance box, click **Register as a new user**.

If you already have an account, sign in with your email address and password.




Select the appropriate registration link under the Medical Mutual Insurance Company of North Carolina tab based on your role within the practice, i.e., **Provider, Practice Administrator, or Authorized Staff Member**.

Note: Brokers cannot self-register for a login at this time. If you are an employee of one of Curi's broker partners and in need of a login, please reach out to our Agent Support team at agentsupport@curi.com to request a login.

Register with Curi

Select your policy issuer

 [Who issues my policy?](#)

Medical Mutual Insurance Company of North Carolina (MMIC-NC), MSIC	 Constellation: MMIC, UMIA, Arkansas Mutual, MMIC Risk Retention Group	Michigan Professional Insurance Exchange (MPIE), MMIC-Michigan
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Providers

If you are a provider insured by Curi - a Medical Mutual Company. Providers who also serve as their practice administrator, register here as well.

REGISTER

Practice Administrators

If you are an administrator or authorized representative of a practice insured by Curi - A Medical Mutual Company.

REGISTER

Authorized Staff

If you are an authorized staff member of a practice insured by Curi - a Medical Mutual Company.

REGISTER

Curi Capital clients

If you are a Curi Capital client, please contact your advisor for access.

Enter the **requested registration** information.

Please note, the information requested will be different for each role.

Practice Administrators are required to provide a **PIN** number as part of the validation process.

The **PIN** is located at the bottom right-hand side of the declaration page. It is a 9-digit number is listed above the page number. Example:

PIN: 123456789
Page 1 of 2

Once the information is complete, click **Register**.

Upon successful registration, you will be directed to log in.

Practice Administrator Registration

[Help](#)

Personal Information

Please enter your name.

Login Information

Please enter your email address and select a password. Your password must be at least 7 characters in length. You will use this password to login for all future visits to the w

Identity Verification

To begin using your account we need to verify your identity. Please choose one of the two options below. You will only need to enter this information one time for verification

Policy Number / PIN

These numbers can be found on the Declarations page of your most recent policy paperwork. [Example](#).

Practice Info

You will receive a user account via email response. Our goal is to fulfill your request within one business day.

Register

Once logged in, you will be directed to the **All Curi Resources** page. Click on the Policyholder Services chicklet under the Policy Management section to access your account information. Please note this is where you can access risk resources, report a claim, find CME webinars, and other member benefits.

CURI INSURANCE

All Curi Resources

Your membership with Curi means you have access to key tools and resources that we provide. Click any of the following items to access the most important resources for you and your practice.

POLICY MANAGEMENT

Policyholder Services (PHS)

Manage policy information, access policy documents, generate COIs, view invoices, and more.

MyAccount

Manage policy information, access policy documents, generate COIs, view invoices, and more.

Pay Insurance Premium

Curi provides an online payment portal that can be used for one time or recurring payments.

Underwriting Applications and

Home/Policy Screen

Select the **Policy** link to access your account information, where you may do the following:

- Add/delete providers
- Add locum tenens
- Generate COIs
- Change address/contact information
- Change/update email address
- Reset providers' passwords
- View policy details
- Access insured providers tab
- Access billing tab
- Access activity tab
- Manage users

← Back **PHS Policyholder Services** Sign Out

Test Environment

Curi
practice@curi.com
Home
Policy

Welcome to PHS

Access policy information, add a provider, find resources, see balances, and more. Everything you need to keep your practice running smoothly is right here for you.

Click the policy link in the left navigation to view your policy.

50THX

50 Forward. One THX. Learn more about how we're celebrating you and sharing our appreciation. →

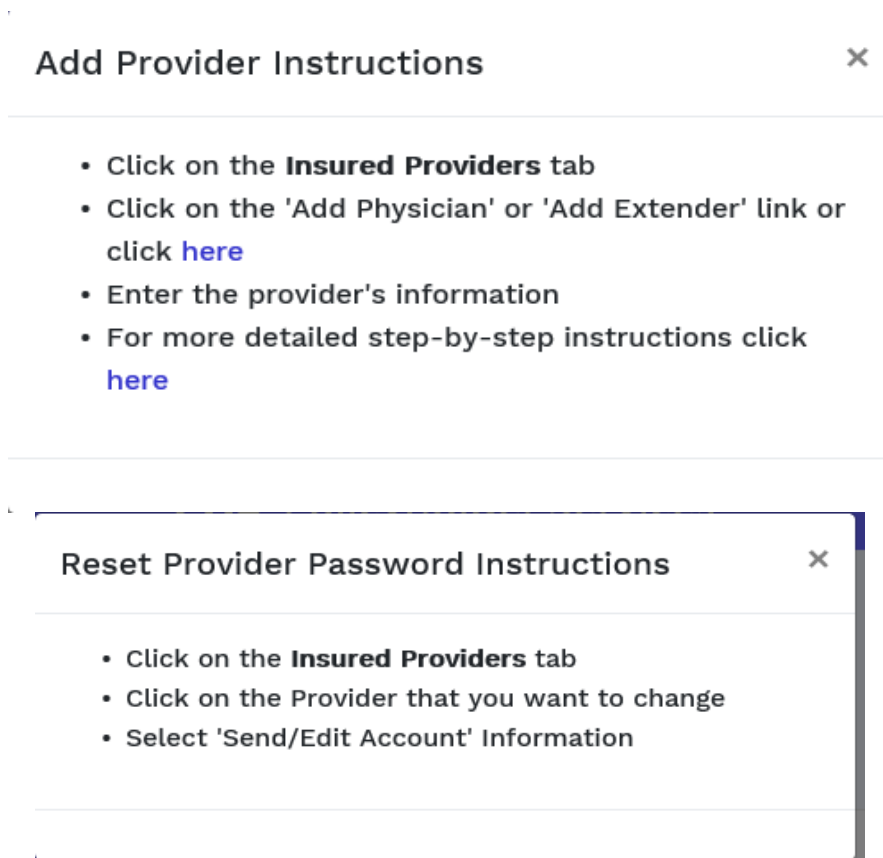
Select the 'Policy' link to access your account information

How Do I...

The “**How Do I...**” drop-down button provides instructions on what you can process through PHS. For example: add a provider, drop a provider, or generate a COI.



Click on an item to view brief instructions. Click on the link within the summary for more detailed instructions, if applicable.



Add Provider/Extender

Click the **Insured Providers** tab.

Click the **Add Physician** or **Add Extender** link.

Enter the provider's information.

The practice administrator will need to start an application for a physician or extender.



Complete the information in the **Add Provider** box and then click **Add**.

Add Provider ✕

Performing this online function does not bind coverage. After review of the completed application, you will receive a notification regarding this change. Please click 'Add' to proceed, or cancel

First Name:

Last Name:

Email Address:

Provider Type: Extender
 Physician

Effective Date: 12:01 AM

Comments:

The **Provider Form** box will pop up with additional instructions regarding the completion of the form.

Provider Form



Please read carefully:

You may click the **Edit** link to begin filling out the form. Once you have completed the form to the extent that you choose, you **must** send it to the Applicant for final completion and submission. **Please note: Only the Applicant is permitted to perform the final step to submit the completed form.**

To send the form to the Applicant, click the icon, which will send login information and instructions to **Addison Coolidge**. You will be notified by email when the Applicant has successfully submitted the form. If you do not receive this email notification in a timely manner, you will need to follow-up with the Applicant to determine the reason for the delay.

At any time you can click the icon to attach supporting documents.

No coverage is bound until the Applicant has completed the form, and the Underwriting process has been completed. You will receive notification once coverage is bound.

Forms should not be submitted more than 90 days prior to the requested effective date, otherwise an updated form may be required.

For more detailed step-by-step instructions click [here](#)

Policy Term: 07/01/2018 - 07/01/2019								
Policy	Insured Providers	Activity	Renewal Questionnaire	Documents	Manage Users			
Pending Physicians and Extenders For Instructions click here								
Name	User ID	Send	Form	Status	Type	Attach	Remove	
Coolidge, Addison	Addison.coolidge@curi.com		Edit	PENDING (09/11/2019)	PHYSICIAN			

The application is now in **Edit/Pending** mode. Data can be entered by a practice administrator or provider, and **the application can only be signed by the provider/extender**. The practice administrator can email account information to the provider with a link to the application by clicking on the airplane icon.

Send



This sends a temporary password to the provider/extender. The provider/extender will then be asked to enter a permanent password upon initial sign in. Applications that are signed/submitted will have a status of **Submitted**.

You will not be able to access the application once it has been submitted to Curi and the status is changed to Submitted.

Once you begin the application, you will have the ability to **Save and Finish Later**. When the application is complete, click **Check for Errors**. Errors will be highlighted in red. After correcting any errors, click on **Check for Errors** again. If the application is valid, you will receive a confirmation in green stating that the **Form is Valid**. Click on **Submit** to send your application to Underwriting for processing.

Medical Mutual™ Policyholder Services
PROTECTING OUR PROFESSION

Medical Mutual Insurance Company of North Carolina
Medical Practitioners Professional Liability Application

Non-Accessible Claims-Made, Claims-Made Plus or Occurrence Coverage

Applicant's Instructions

- Please answer all questions completely and as they relate to the coverage being applied for.
- If space is insufficient to answer any questions fully, use the Additional Comments Section at the bottom of this form, or attach separate documentation.
- Your Practice Administrator may have filled out the form on your behalf, so review for accuracy.
- Use the "Check for Errors" button to ensure all required information has been provided.
- Use the "Submit" button for attestation and completion.

This application is a request to join a physician or group currently insured with Medical Mutual.

Policy Number

Applicant

Last Name * Coolidge
First Name * Addison
Middle Name
Suffix
Professional Designation MD
Do you practice or have you practiced under any other name? Yes No
Date of Birth * 01/01/1111
Gender * Female
NPI Number * 111111111
Social Security Number * 111-11-1111
E-mail Address Addison.Coolidge@curi.com
Office Telephone * (111) 111-1111
Office Contact

Billing Address (if different from mailing address)

Address Line 1
Address Line 2
City
State
Zip Code

Save and Finish Later Check for Errors Submit

To remove the application from processing, click the **X** under **Remove**. A pop-up box will appear asking if you are sure you want to delete the application.

Policy Term: 07/01/2018 - 07/01/2019

Policy	Insured Providers	Activity	Renewal Questionnaire	Documents	Manage Users
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Pending Physicians and Extenders | For Instructions click [here](#)

Name	User ID	Send	Form	Status	Type	Attach	Remove
Coolidge, Addison	Addison.coolidge@curi.com			PENDING (09/11/2019)	PHYSICIAN		

Upload Documents

Supplemental application information can be attached using the paperclip icon.

Click on the **paperclip icon**.

Pending Physicians and Extenders | For Instructions click [here](#)

Name	User ID	Send	Form	Status	Type	Attach	Remove
Coolidge, Addison	Addison.coolidge@curi.com			PENDING (09/11/2019)	PHYSICIAN		

The **Upload Supporting Document** box will open.

Pending Physicians and Extenders | For Instructions click [here](#)

Name	User ID	Send	Form	Status	Type	Attach	Remove
Coolidge, Addison	Addison.coolidge@curi.com		Upload Supporting Document				

Upload a Document

Addison Coolidge

Document Note:

(Maximum characters: 250)
You have characters left.

File:

Click **Browse** to select your document. Enter the file name and click **Upload**.

Upload a Document

Addison Coolidge

Document Note:

(Maximum characters: 250)
You have 250 characters left.

File:

Upload Cancel

You will receive the following confirmation:

Successfully uploaded file.

The number of documents that have been uploaded will be listed in the **Attach** column.

Click **View Supporting Documents** to review the documents that were uploaded.

Pending Physicians and Extenders | For Instructions click [here](#)

Name	User ID	Send	Attach	Remove
Coolidge, Addison	Addison.coolidge@curi.com		Upload Supporting Document View Supporting Document(s)	1

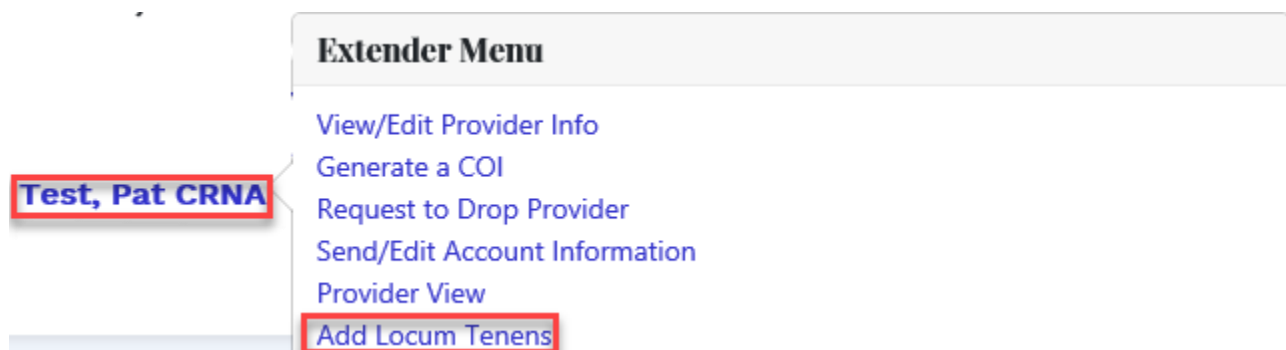
Add a Locum Tenens

Click on the provider's name.

If the provider is a physician, the Physician Menu will pop up.

If the provider is an extender, the Extender Menu will pop up.

Click on **Add Locum Tenens**.



Complete the information in the pop-up box and click **Add**.

Add Locum Tenens ×

Provider:

Locum Tenens Provider

First Name:

Middle Name:

Last Name:

Add


The **Provider Form** box will pop up with additional instructions regarding the completion of the locum tenens application.

Provider Form



Please read carefully:

You may click the **Edit** link to begin filling out the form. Once you have completed the form to the extent that you choose, you **must** send it to the Provider for final completion and submission. **Please note: Only the Provider is permitted to perform the final step to submit the completed form.**

To send the form to the Provider, click the  icon, which will send instructions to **Pat Test**. You will be notified by email when the Provider has successfully submitted the form. If you do not receive this email notification in a timely manner, you will need to follow-up with the Provider to determine the reason for the delay.

Curi must be notified within thirty (30) days of the conclusion of any locum tenens coverage arrangement involving that Insured.

Under **Form**, click **Edit** and complete the locum tenens application.

Pending Locum Tenens					
Name	Send	Locum Tenens	Form	Status	Remove
Test, Pat CRNA		Coolidge, Addison	 Edit	PENDING (11/13/2019)	

Locum Tenens Provider

First Name *	<input type="text" value="Addison"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Coolidge"/>
Suffix	<input type="text" value="v"/>
Professional Designation	<input type="text" value="v"/>

Medical License Information

	State *	License Number *
1*	<input type="text" value="NORTH CAROLINA v"/>	<input type="text" value="11111"/>
2	<input type="text" value="v"/>	<input type="text"/>
3	<input type="text" value="v"/>	<input type="text"/>

Board Certification Information

Certified Yes No

If Yes: Name of Certifying Board: *

Dates Worked

	From Date *	To Date *
Dates Locum Tenens Provider worked in practice: *	<input type="text" value="01/01/2020"/>	<input type="text" value="01/04/2020"/>

Additional Comments

<input type="button" value="Save and Finish Later"/>	<input type="button" value="Submit"/>
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Once the form is completed and submitted, it will be delivered to Underwriting for processing.

No endorsement/certificate will print for locum tenens coverage since this benefit is included in the policy. Each physician/APP is subject to a limitation of sixty (60) days per policy period.

There are exceptions made when a certificate is required for admission to the hospital. The practice will need to contact Curi to have a locum certificate issued.

Drop a Provider

Click on the **Insured Providers** tab.

Click on the provider that you wish to remove from the policy.

Upon completion of form select **Drop Provider**.

Extended reporting offer letters and endorsements will be mailed by certified mail to the practice and copies will be mailed to the provider.

Drop Provider ×

Performing this online function does not bind coverage. After review, you will receive a notification regarding this change. Please press 'Drop Provider' to confirm this request, or cancel.

Test, Pat CRNA
700 Spring Forest Rd
Raleigh, NC 27609

Desired Effective Date: 12:01 AM

Date Last Worked:

Forwarding Address

Address Type: Office Home

Address Line 1:

Address Line 2:

City:

State:

Zip:

Name of New Employer:

Reason for Leaving:

Comments:

Drop Provider Cancel

Request Received will show as confirmation, and **Pending Delete** will be written in red font.

The request will automatically be delivered to Underwriting for processing.

Once the request has been processed, effective dates will be listed in red under the **Physicians** tab.

Request Received

Test, Pat CRNA **[Pending Delete]**

11/13/2019 - 12/01/2019

11/13/2019

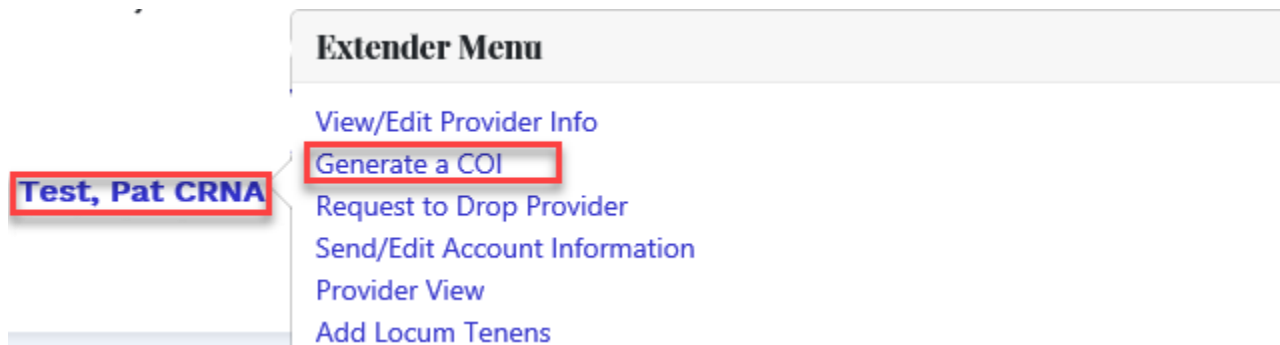
1M/3M

Generate a Certificate of Insurance (COI)

Click on the **Insured Providers** tab.

Click on the provider's name.

Select **Generate a COI**.



Generate a COI ×

Provider:

Enter Certificate Holder

Leave certificate holder blank.

Name:

Address Line 1:

Address Line 2:


City:

State: ▼

Zip:

Do not complete name, address, city, state, and zip.

Example of a certificate without a certificate holder:


Medical Mutual™
PROTECTING OUR PROFESSION

CERTIFICATE OF INSURANCE

THE COVERAGE AFFORDED BY THIS POLICY IS WRITTEN ON A CLAIMS-MADE BASIS

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies listed below.

INSURED:
Pat Test, CRNA
123 Main St
Raleigh, NC 27609

COMPANY AFFORDING COVERAGE:
Medical Mutual Insurance Company of North Carolina
700 Spring Forest Road 4th Floor
Raleigh, NC 27609

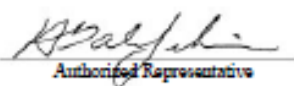
TYPE OF INSURANCE: Medical Professional Liability - Claims Made

POLICY NUMBER: Insured Policy Number **RETROACTIVE DATE:** November 13, 2019

POLICY PERIOD:
FROM: November 13, 2019;12:01 A.M. **TO:** December 1, 2019;12:01 A.M.

LIMITS OF LIABILITY:
EACH CLAIM: \$1,000,000 **ANNUAL AGGREGATE:** \$3,000,000

The above named INSURED is covered with shared limits of liability for employment related duties on behalf of the following Policyholder: Policyholder Name


Authorized Representative

Date: November 13, 2019

Issue a Certificate Holder

Enter the certificate holder's information.

Generate a COI



Provider:

Pat Test CRNA

Enter Certificate Holder

Leave certificate holder blank.

Name:

Regional Medical Center

Address Line 1:

Attn Medical Staff

Address Line 2:

1234 Spring Forest Rd X

City:

Raleigh

State:

NORTH CAROLINA



Zip:

27609

Generate COI

Cancel

Example of certificate listing a certificate holder:



CERTIFICATE OF INSURANCE

THE COVERAGE AFFORDED BY THIS POLICY IS WRITTEN ON A CLAIMS-MADE BASIS

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies listed below.

INSURED:
Pat Test, CRNA
123 Main St
Raleigh, NC 27609

COMPANY AFFORDING COVERAGE:

Medical Mutual Insurance Company of North Carolina
700 Spring Forest Road 4th Floor
Raleigh, NC 27609

TYPE OF INSURANCE: Medical Professional Liability - Claims Made

POLICY NUMBER: Insured Policy Number **RETROACTIVE DATE:** November 13, 2019

POLICY PERIOD:
FROM: November 13, 2019;12:01 A.M. **TO:** December 1, 2019;12:01 A.M.

LIMITS OF LIABILITY:
EACH CLAIM: \$1,000,000 **ANNUAL AGGREGATE:** \$3,000,000

The above named INSURED is covered with shared limits of liability for employment related duties on behalf of the following Policyholder: Policyholder Name.


Authorized Representative

Date: November 13, 2019

CERTIFICATE HOLDER:
Regional Medical Center
Attn Medical Staff
1234 Spring Forest Rd
Raleigh, NC 27609

Underwriting will need to be notified by email in order for the certificate holder to reprint upon renewal.

Change Address or Contact Information

For the Policyholder:

Go to the **Policy** tab.

Select **Edit** next to the address you wish to change.

For a Provider:

Go to the **Insured Providers** tab.

Click on the provider's name.

Select **View/Edit Provider Info** from the pop-up menu.

View Provider ×

This address is used for correspondence with the individual member, and is NOT used for Policy Administration purposes such as Renewal, Billing and Endorsements.

Address Type: Home Office

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zipcode:

Office:

Mobile:

Home:

The request will be submitted to underwriting for processing, and the following message will display:

Request to update address received.

Change Provider Email or Password

Click on the **Insured Providers** tab.

Click on the provider that you want to change.

Select **Send/Edit Account Information**.

If sending to a new email address, enter the address and click **Submit**.

User Account Actions ×

Account Options

Reset Password

Click the button below to reset the user's password and email it to them.

Reset Password

Change User ID

This will send a notification email to the new address.

Email:

Change User ID

Cancel

Activity Tab

The **Activity** tab displays a list of activities that have been completed online in the past 60 days. The entity, activity type, activity date and time, and the name of the user are displayed. To view the document, click on the document type highlighted in blue.

Policy	Insured Providers	Activity	Documents	Manage Users
This page displays a list of Activities that have been completed online, and will remain visible for 60 days.				
Entity	Activity Type	Completed		
Pat Test, CRNA	COI Requested	11/13/2019 at 2:49:25 PM EST by jennelle.hartnett@curi.com		
Pat Test, CRNA	COI Requested	11/13/2019 at 2:31:51 PM EST by jennelle.hartnett@curi.com		
Pat Test	Drop Provider	11/13/2019 at 2:26:46 PM EST by jennelle.hartnett@curi.com		

Manage Users Tab

To provide account access to additional administrative users, go to the **Manage Users** tab.

Policy	Insured Providers	Billing	Activity	Documents	Manage Users
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User Access

This page is for adding additional Practice Administrators (or other Authorized Representatives) that you allow to use this website. It is also your responsibility to remove these accounts when the people are no longer associated with your practice.

This page is NOT intended for adding Providers to the policy or granting them access to the website; for these functions, please use the [Insured Providers](#) tab.

Name	User ID	Last Login	Send ?	Primary ?	Set ?	Remove ?
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No additional Practice Administrators are currently defined.

[+ Add Account](#)

Click **Add Account**.

Enter the user's first name, last name, and email address.

Click **Add User**.


Add Account ✕

First Name:

Last Name:

Email:

Add User

After creating a user account, you must click on the  icon to email the account information to the user.

The first person (practice administrator) added to the account will be designated as the **primary user**. The primary user can add or remove as many authorized users as needed.

User Access

This page is for adding additional Practice Administrators (or other Authorized Representatives) that you allow to use this website. It is also your responsibility to remove these accounts when the people are no longer associated with your practice.

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Name	User ID	Last Login	Send ?	Primary ?	Set ?	Remove ?
Caden Coolidge	caden.coolidge@yahoo.com					

+ [Add Account](#)

Manage Users Tab

To provide account access to additional administrative users, go to the **Manage Users** tab.

Policy	Insured Providers	Billing	Activity	Documents	Manage Users
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Name	User ID	Last Login	Send ?	Primary ?	Set ?	Remove ?
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No additional Practice Administrators are currently defined.

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Click **Add Account**.

Enter the user's first name, last name, and email address.

Click **Add User**.


Add Account ✕

First Name:

Last Name:

Email:

Add User

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Name	User ID	Last Login	Send ?	Primary ?	Set ?	Remove ?
Caden Coolidge	caden.coolidge@yahoo.com					

+ [Add Account](#)

Viewing Payment History and Invoices

INVOICING

To view billing and payment history, go to the **Billing** tab.

Within the billing tab, you'll find an Account Summary, a notification if the account is currently set up on autopayments, and two subtabs titled **Invoice** and **Med Mal Account Activity – 12 months**.

Under the **Invoice** tab, you will find 24 months of invoices. To download a copy of any available invoice, click on the corresponding invoice number, and a copy of the document will be downloaded to your desktop for easy viewing.

PAYMENT HISTORY

To view billing and payment history, go to the **Billing** tab.

Within the billing tab, you'll find an Account Summary, a notification if the account is currently set up on autopayments, and two subtabs titled **Invoice** and **Med Mal Account Activity – 12 months**.

Click the **Med Mal Account Activity – 12 months** tab to view a list of all processed transactions on a 12-month rolling basis. Included in this list will be any renewal and endorsement transactions, as well as Invoicing and Payment activity.

Note: Clients who have registered for electronic billing can also obtain copies of invoices and view payment history via Curi's Premium Payment portal (powered by KUBRA).

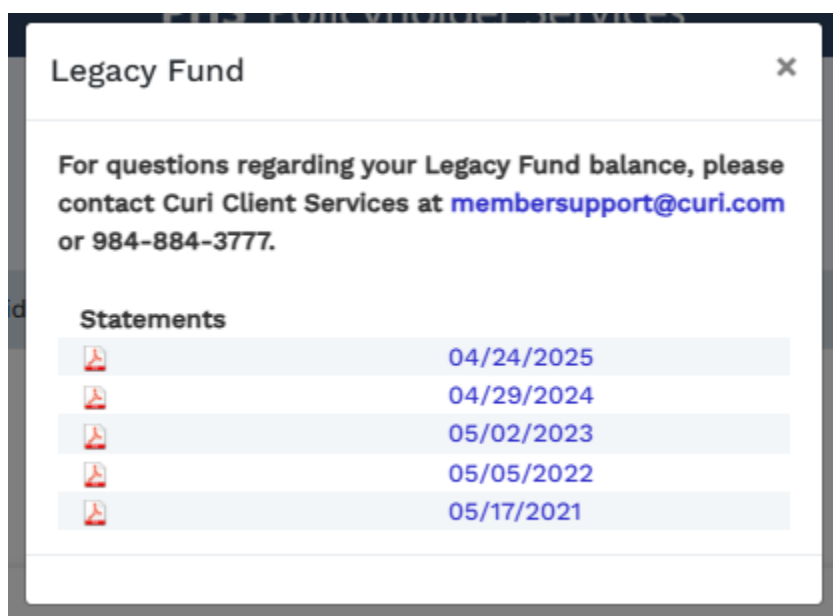
The Legacy Fund Statements

To view your most recent Legacy Fund Statements, go to the **Policy** tab.

Toward the bottom of the page, you will see a box titled **“The Legacy Fund.”**



Click on that box to view a list of all available statements.



To download a copy of a specific statement, click on the corresponding date of the statement you'd like to view, and a copy of the document will be downloaded to your desktop.

Viewing Policy Documents

To view policy documents, go to the **Document** tab.

Within the **Document** tab, you'll find four subtabs titled **Policy Documents**, **Endorsements**, **Certificates of Insurance**, and **Finance Documents**.

To view a copy of any available document, click on the corresponding hyperlink located under the **Document Type** column of the item you wish to view, and a copy of the document will be downloaded to your desktop.

Note: Policy Bundles will only be available for viewing and download on the effective date of the policy. However, endorsement and finance documents will be available on the date those changes are processed in our system.