

# PHCA

*Exclusively for OBGYNs*

Professional Health Care  
Associates

100 Passaic Ave Ste. 120

Fairfield, NJ 07004

Phone: (800) 347 – 3417

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We have been committed to providing financial protection to OBGYNs for over 30 years and have developed a program that makes our rates the most competitive in New Jersey. Our focus on group benefits has enabled us to provide significant savings for physicians and their practices. As a Barnabas Health provider, you are qualified to join our Medical Malpractice Insurance Group, PHCA.

**There is no need to wait for your renewal date to begin to save money. It is easy to transfer your coverage midterm and we will assist you in the process for a seamless transition.**

**Eliminate the uncertainty of premium spikes, take control of your expenses and reinforce the protection of your reputation with our exclusive risk management tools**

Below is a brief review of our member benefits:

- **Premiums:**
  - For full-time OBs – our premiums are the most competitive in the state, Coverages are underwritten by MdAdvantage A“ as rated by A.M. Best.
  - For part-time OBs – we offer significantly reduced rates.
- **Group protection:** Our group protection strategy protects you from premium spikes by reducing the impact of individual claims
- **Expanded coverage:** Our clients can see obstetrical patients through to full-term
- **Free options:**
  - Claims consultant available full-time
  - Specialized consent forms
  - \$50,000 in coverage for RAC-Audit (MPAI) and HIPPA (PDS) coverage
  - \$50,000 in coverage for Employment Practice Liability Insurance (EPLI)

## GET A QUOTE

I know your time is valuable so I've made it easy for you to request an accurate quote.

1. You can call us Toll-free: **(800) 347-3417** and talk with one of our Malpractice Account Specialists .
2. You can receive a premium indication by completing a Quick Quote Form (see below) and faxing it to: **(973) 588 - 4128.**
3. Visit us online at **[www.mbsinsure.com](http://www.mbsinsure.com)**

Sincerely,



Michael R. Bernal-Silva, CLU ChFC  
Insurance Administrator and Broker- PHCA

### NON-BINDING QUICK QUOTE FORM-INFORMATION

1. NAME: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: NJ Zip code: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ License number: \_\_\_\_\_
5. Specialty: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_
6. FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_
7. Hospital Affiliation: \_\_\_\_\_

### COVERAGE OPTIONS

8. Occurrence Coverage: YES / NO  
Claims-Made Coverage: YES / NO Retroactive Date: \_\_\_\_\_
9. Full time: \_\_\_\_\_ Part time 1-20 hrs per week OR less then 65 deliveries yearly: \_\_\_\_\_
10. Is corporate coverage desired? Yes \_\_\_\_\_ No \_\_\_\_\_  
Number of members: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_
11. Number of Years in Practice: \_\_\_\_\_ 12. Any claims in past 10 years?: Yes \_\_\_\_\_ No \_\_\_\_\_
12. Any board actions? : Yes \_\_\_\_\_ No \_\_\_\_\_