



**Medical Program
Application Addendum**

1. What is the purpose of the Lease? _____

2. Do you have a specialty? Yes___ No___

If yes please specify: _____

3. List all insurance carriers accepted: _____

4. Are you a Member of a Medical Group? Yes___ No___

If yes list names: _____

5. How much malpractice insurance do you carry? _____

6. Average number of patients seen each month? _____

7. Number of employees? Support_____ Doctors:_____

Medical License #: _____ State Issued: _____ Date Issued: _____