

**TriState Patient Safety Foundation**  
135 Merchant Street, Suite 130 • Cincinnati, OH 45246  
(866) 374-2467 toll-free

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Current Professional Liability Insurer:**

Renewal Date: \_\_\_\_\_

Policy Form: Claims-Made or Occurrence? \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

How many MD's in your Group? \_\_\_\_\_

Name of Group: \_\_\_\_\_

Names of Physician Colleagues in the Group (Use back of sheet, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Let me know how I can help in this effort.
- I am interested in getting involved with the Foundation.
- Keep me posted on the Foundation and TriMed activities and developments.
- You may use my name as a supporter of the Foundation and its mission.

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Fill this out at [www.tspfsf.org](http://www.tspfsf.org) or;  
If faxing is more convenient, please fax to 1-513-772-2206 or;  
To telephone this information call toll-free 1-866-374-2467 or;  
Mail to the address at the top of this page