

PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Documentación Requerida – Renovación Impericia Medica

Asegurado: NELSON RIVERA RIVERA
Número de Póliza: PE-523
Fecha de efectividad: 4/29/2020
Agencia: RONALD B. CASTRO AND ASSOC.
Productor: RONALD CASTRO

Fecha: 04/06/2020

Saludos cordiales de su aseguradora de impericia médica, Puerto Rico Medical Defense Insurance Company. Incluimos la renovación de su póliza de impericia médica. Es importante que, junto al pago correspondiente, nos haga llegar las credenciales médicas identificadas con **(X)** y las que se encuentran expiradas, identificadas con **(EXP)**. Las credenciales listadas son **requisitos para la renovación de su póliza**.

(EXP) 12/31/2012	ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN (ASSMCA)
(EXP) 04/30/2012	DRUG ENFORCEMENT ADMINISTRATION (DEA)
	CERTIFICADO DE LA JUNTA DE LICENCIAMIENTO (DONDE SE DETALLE EL ALCANCE DE SU PRACTICA)
(EXP) 06/30/2010	REGISTRO MEDICO (EMITIDO POR LA JUNTA DE LICENCIAMIENTO)
	CURRICULIM VITAE
X	COPIA DE LA RENOVACION DE SU POLIZA PRIMARIA VIGENTE (IUNICAMENTE PARA RENOVACIONES DE EXCESO DONDE SU PRIMARIO NO ESTE CON PRMD)

Solicitamos además que, de su información personal o profesional haber sufrido algún cambio, **complete el documento incluido** "Insurance Application Update Form"

En cumplimiento con las disposiciones de la Regla XXIX del Reglamento del Código de Seguros de Puerto Rico, **el pago de la prima de la renovación de su póliza claims-made" deberá de ser recibido por la compañía en o antes de la fecha de efectividad** para que la misma pueda cobrar vigencia y evitar la cancelación del contrato. De lo contrario, el asegurado podrá ejercer la opción de adquirir el endoso conocido como cola "tail",

Le agradecemos emita su pago a tiempo a través de los siguientes métodos: cheque, ACH, Visa, MasterCard, PayPal y/o contrato de financiamiento.

De tener alguna duda puede comunicarse con su productor de seguros o con nosotros al 787-999-7763

Atentamente,



Estefanía Victoria González AINS, CIC

Vicepresidenta Auxiliar

Departamento de Suscripción



The Corporate Center Buliding
33 Resolucion Street, Ste 702
San Juan, PR 00920-2707
Tel: (787)999.7763 • Fax: (787)993.7763
resolve@prmdic.com

To: NELSON RIVERA RIVERA

INVOICE

INVOICE: 11

DATE: 6/4/2020

CALLE ROMAN FIGUEROA #1

Excess Policy:PE-523

\$3,750.00

VILLALBA PR, 00766

AGENCY: RONALD B. CASTRO AND ASSOC.

PRODUCER: RONALD CASTRO

Invoice	Effective	Description	AMOUNT
11	4/29/2020	Excess Policy:PE-523 Effective From 4/29/2020 to 4/29/2021	\$3,750.00
TOTAL DUE			\$3,750.00

Please make all checks payable to: PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

We thank you for your businnes.

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INVOICE:



Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: **PE - 523**

Agency: RONALD B. CASTRO AND ASSOC.

Agent: RONALD CASTRO

In accordance with the Continuous Renewal endorsement attached to and forming part of the above referenced policy, and subject to the payment of the total renewal premium, the policy will be renewed for the policy period stated below subject to all its terms and conditions.

The policy to which this Renewal Endorsement is attached will be renewed according to the information indicated below, which was previously provided by the Insured to the Insurer. Accordingly, if there has been any change in said information, the insured must notify in writing to the Insurer of such changes before the commencement date of the renewal policy period or immediately upon becoming aware of said changes so that the necessary changes may be made and your policy is not affected. If no changes are notified to the insurer, it is understood and agreed that the information indicated below continues to be valid and correct.

Insured Name: NELSON RIVERA RIVERA		Specialty and/or Class Code: Radiology- Diagnostic- MS	License Number: 8828
Address: CALLE ROMAN FIGUEROA #1 VILLALBA PR, 00766		80280	
Policy Period From: APRIL 29, 2020		To: APRIL 29, 2021	
12:01 AM standar time at the address of the Named Insured			
Type and number of professional employees of the Insured is as follows (NONE unless otherwise indicated): Additional Employees: <div style="text-align: right;">TOTAL</div>			
Retroactive Date: APRIL 29, 2010		Audit Period (ANNUALLY, unless otherwise indicated): ANNUALLY	
The Insured (A) is not connected with any partnership; (B) is not an owner or operator of a hospital, sanitarium or clinic with bed and board facilities; (C) does not perform major surgery; (D) does not perform minor surgery, (E) does not use x-ray apparatus for therapeutic treatment; (F) has no other professional specialty. Exceptions to items (A), (B), (C), (D), (E), or (F) (Absence of any entry means "No Exceptions"): As per Insurance Application Submitted by Insured. D			
The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges, subject to the limits of liability stated herein and to all the terms and conditions of this policy relating thereto:			
Coverage	Limits Of Liability	Advance Premium	
A. Individual Professional Excess Liability	\$ 500,000/1,000,000 Each Medical Incident Annual Aggregate	\$3,750.00	
Form Number of endorsements forming part of this policy at issue: Forms: SED-E;E-102;E-103;R-109;E110			

Countersigned on: 6/4/2020, at San Juan, P.R. by

Authorized Representative

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Please note that no payment must be received by the insurer or its authorized representative on or before the commencement date of the policy period indicated above for this policy to be effective or continue in effect, as applicable.



INFORMACION IMPORTANTE

PROCESO EN CASO DE

DEMANDA Y/O RECLAMACIÓN EXTRAJUDICIAL

A continuación información importante:

- En caso de usted recibir una demanda y emplazamiento, reclamación extrajudicial o cualquier carta de un paciente o abogado, tiene que comunicarse de inmediato con nuestro Departamento de Defensa al (787) 999-7763 para notificarlo.
- Tiene que enviarnos copia de los documentos. Puede ser por correo electrónico o por fax. El correo electrónico tiene que ir dirigido a Irma Santiago (isantiago@prmdic.com) con copia a Lcda. Noelia Emmanuelli (nemmanuelli@prmdic.com). El fax tiene que indicar que va dirigido a Adriana Ortega del Departamento de Defensa. El número de fax es (787) 993-7763. Luego de enviado por fax, favor de llamar a PRMDIC para confirmar el recibo del mismo.
- Es importante que tenga conocimiento de que el término para contestar la demanda en el tribunal estatal es de 30 días y en el tribunal federal es de 21 días a partir de que se le entregue copia de la demanda y el emplazamiento.
- De no cumplir con dichos términos, el tribunal podrá anotarle la rebeldía. A su vez, la anotación de rebeldía provocará que PRMDIC le pueda negar cubierta o asigne el caso con reserva de derechos.
- Tiene que notificarnos de cualquier potencial reclamación, tan pronto usted tenga conocimiento de la misma.

De usted tener alguna duda o pregunta se puede comunicar con la Lcda. Noelia Emmanuelli al (787) 999-7763.