



ORTHOPEADIC SURGERY SUPPLEMENTAL QUESTIONNAIRE

Please complete the following questions and return to MAG Mutual Insurance Company

Physician Name: _____

Policyholder: _____

1. Do you provide medical professional services to any members of a Professional Football, Baseball, Soccer or Basketball team?

a. If "Yes", Which professional teams do you provide these services to?

b. If "Yes", Please describe the type and frequency of services provided?

c. If "Yes", What is your Title or role with the teams (volunteer, team physician, etc.)?

2. Do you provide medical professional services to any members of a Collegiate Football, Baseball, Soccer or Basketball team?

a. If "Yes", Which collgiate teams do you provide these services to?

b. If "Yes", Please describe the type and frequency of services provided?

c. If "Yes", What is your Title or role with the teams (volunteer, team physician, etc.)?