

# thesecondopinion

provided by the Regional Cancer Foundation

Thank you for agreeing to participate in one or more of **thesecondopinion** consultative panels over the next year. I think you will find it worthwhile and rewarding. We do need the following information for our files:

**Name and address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Office phone:** \_\_\_\_\_

**Alternate phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Specialty, special interests:** \_\_\_\_\_

**Date of Board Certification:** \_\_\_\_\_

**Please submit or attach a short bio or curriculum vitae.**

Tumor boards generally meet at 11:00 am on either Fridays and Wednesdays each month and last for around 2 hours. These meetings are conducted viaHIPAA encrypted Zoom Video conferencing.

**Please indicate if one day or time is best for you:** \_\_\_\_\_

We offer complementary malpractice coverage through The Doctors Company for (only) the work you do in relation to **thesecondopinion**, if you so desire. If you wish to be covered under our policy, please indicate:

**Yes, I would like coverage:** Please provide your SSN \_\_\_\_\_

Please provide your Birth Date \_\_\_\_\_

**Additionally, you will need to sign the "No known or open claims declaration" form and "New request to add healthcare professional" form. Unless you do not require coverage.**

**I do not need additional coverage**

You may also contact our Doctors Company agent directly with this information if you feel more comfortable.

Megan Barrett

Account Manager

The Doctors Company Insurance Services, Southwest Region

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