

**PART-TIME SUPPLEMENT**

Here are five questions we need answered to see if you qualify for the part-time rate:

1. Hours worked per week (includes consulting, paperwork, lab time, hospital hours):  
\_\_\_\_\_
  
2. Please list your exact office hours (example: Monday 9-12): \_\_\_\_\_
  
3. When did you first begin to practice part-time? \_\_\_\_\_
  
4. Please state the reason you practice on a part-time basis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you expect this situation to change in the future? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_