

AMERICAN PHYSICIANS ASSURANCE CORPORATION

Headquarters: 1301 N. Hagadorn Road, P.O. Box 1471, East Lansing, MI 48826-1471, 1-800-748-0465
New Mexico Office: 7770 Jefferson St., NE, Suite 410, Albuquerque, NM 87109-4368, 1-800-880-9485

Supplemental Information Form for VBAC's

Please answer all questions. Add additional pages as needed.

1. Name: _____ 2. MD DO Other: _____
3. Policy No.: _____ (Leave blank if you do not currently have your professional liability insurance with American Physicians.)
4. Are there Nurse Midwives in your practice? Yes _____ No _____
5. Do you or any member of the practice attend home births? Yes _____ No _____
6. Do you perform VBAC's? Yes _____ No _____
7. Are Nurse Midwives in your practice allowed to perform VBAC's? Yes _____ No _____
8. Please list the hospitals at which you will be performing VBAC's.
a. _____ c. _____
b. _____ d. _____
9. Does the hospital(s) in which you perform VBAC's follow ACOG Guidelines for VBAC's? Yes _____ No _____
10. Is the hospital(s) in which you perform VBAC's rated as a level 3 or higher acuity? Yes _____ No _____
(Not applicable for New Mexico)
11. Is there a 24 hour surgical team on-site and is the team alerted to a VBAC in progress? Yes _____ No _____
12. Do you have patients wanting to attempt VBAC sign an informed consent form? Yes _____ No _____
13. **Please attach a copy of the hospital's obstetrical departmental rules and regulations regarding VBAC's (Note: The administrative office should be able to promptly provide you a copy.)**

Signature: _____

Date: _____