

Self-Insured Physician / Surgeon Assessment Form
Rural Medical Access Program
Policy Year 7/1/14 to 6/30/15

Please complete this entire form and answer all questions to ensure compliance.

Physician Name _____

Mailing Address _____

E-mail address _____

Telephone # _____ Maine Physician License No. _____

Name & phone # of person completing this form (if self, please note): _____

If you are retired, please circle the word: **RETIRED** and enter your retirement date _____
STOP here and send form to address below since no assessment is due.

Did you practice in the State of Maine at any time from 7/1/14 to 6/30/15? (Please note that telemedicine and radiology/film consultation are exempt from the RMAP Assessment) Please circle one: **YES NO** or **EXEMPT**

If **NO** or **EXEMPT**.....**STOP here** and forward form to address below since no assessment is due.
If **YES**...Please continue.

Did you receive medical malpractice liability protection through the Federal Tort Claims Act? If yes, you are exempt from the RMAP Assessment: please provide the name of the practice: _____,
and circle **EXEMPT****STOP here** and forward form to address below since no assessment is due.

If **NO**.....Please continue.

Did you (or your employer on your behalf) pay a RMAP assessment to an insurance company during the policy year 7/1/14 to 6/30/15? Please circle one: **YES** or **NO**

If **YES**.... Do **NOT** remit an assessment at this time but please provide the following information:

Name of employer (if applicable) _____

Employer contact person & phone # _____

Name of the insurance company _____

Malpractice policy number _____

If **NO**.... Please calculate your assessment payment below (see instructions in cover letter):

Class Code _____ Rate Class _____

Number of Years with Maine License (Please Circle One): 1 2 3 4 5+

Annual Assessment \$ _____ Amount Paid \$ _____ Check # _____ Less than \$5 Waived

Please make check payable to Rural Medical Access Program and mail the completed form with your assessment payment to:

Medical Mutual Insurance Company
RMAP Assessment
One City Center
P.O. Box 15275
Portland, ME 04112-5275

DEADLINE FOR SUBMISSION OF FORM AND ASSESSMENT: December 1, 2015

CLASS GROUP TABLE
JULY 1, 2014 – JUNE 30, 2015

SPECIALTY	CLASS CODE	RATE CLASS
Administrative medicine	80111	1B
Aerospace medicine	80230	1C
Allergy	80254	1B
Anesthesiology	80151	2B
Bariatric Surgery	80104	10
Cardiac Surgery	80141	10
Cardiovascular Dis. (minor surg.)	80281	4A
Cardiovascular Dis. (no cath.)	80255	2
Consultant, NOC	80268	1D
Dermatology (major surg.)	80172	6
Dermatology (minor surg.)	80282	2A
Dermatology (no surg.)	80256	1B
Emergency Medicine	80102	5
Endocrinology	80238	1D
Family/General Practice	80420	1
Family/Gen. Practice (minor surg.)	80423	3A
Family/Gen. Practice (with OB)	80421	5
Forensic/legal medicine	80240	1B
Gastroenterology (minor surg.)	80274	3B
General Preventative (no surg.)	80231	1C
General Surgery	80143	9
Geriatrics	80243	1D
Gynecological Surgery	80167	7
Gynecology (no surg.)	80244	1
Hand Surgery	80169	7
Hematology	80245	1
Hospitalist	70284	2B
Infectious Diseases	80246	2
Intensive Care Medicine	80283	3B
Internal Medicine (minor surg.)	80284	3A
Internal Medicine (no surg.)	80257	2
Neonatology	80471	3
Neoplastic Dis. (minor surg.)	80286	3A

SPECIALTY	CLASS CODE	RATE CLASS
Nephrology (minor surg.)	80287	2A
Neurology	80261	3
Neuroradiologist	80142	8
Neurosurgery	80152	12
Nutrition Medicine	80248	1C
OB/Gyn Specialist Surgery	80153	11
Occupational Medicine	80233	1C
Oncology	80473	3A
Ophthalmology	80114	3
Oral Surgery	80211	5
Orthopaedic Surg. (excl. spine)	80354	7
Orthopaedic Surg. (incl. spine)	80154	9
Orthopaedics (no surg.)	80469	1
Otorhinolaryngology (major surg.)	80159	6
Otorhinolaryngology (minor surg.)	80291	3B
Pain Management	80298	4B
Pathology	80266	1C
Pathology (minor surg.)	80292	3A
Pediatrics	80267	1
Physical Med. & Rehab	80235	1B
Plastic Surgery	80156	8
Podiatrist (no surg.)	70992	1
Podiatrist - Surgery	80993	4B
Psychiatry	80249	1B
Public Health	80236	1C
Pulmonary Medicine	80489	3A
Radiation Oncology	80262	1D
Radiology	80280	4B
Rheumatology	80252	1D
Thoracic Surgery	80144	10
Urgent Care	80424	2B
Urology Surgery	80145	6
Vascular Surgery	80146	10

ANNUAL ASSESSMENT DETERMINATION
 JULY 1, 2014 – JUNE 30, 2015

RATE CLASS	Years Licensed in Maine				
	1	2	3	4	5
1B	\$5	\$6	\$8	\$9	\$10
1C	\$5	\$7	\$10	\$11	\$12
1D	\$6	\$8	\$11	\$12	\$14
1	\$6	\$9	\$13	\$15	\$16
2	\$6	\$10	\$14	\$16	\$17
2A	\$6	\$11	\$15	\$17	\$18
2B	\$6	\$11	\$16	\$18	\$20
3	\$6	\$12	\$17	\$19	\$21
3A	\$6	\$12	\$18	\$20	\$22
3B	\$7	\$13	\$19	\$21	\$23
4A	\$7	\$15	\$21	\$24	\$26
4B	\$9	\$17	\$25	\$28	\$30
5	\$9	\$18	\$26	\$30	\$32
6	\$10	\$19	\$28	\$31	\$34
7	\$14	\$27	\$39	\$44	\$47
8	\$15	\$30	\$44	\$49	\$53
9	\$18	\$35	\$51	\$57	\$61
10	\$20	\$39	\$57	\$63	\$68
11	\$23	\$45	\$65	\$73	\$79
12	\$33	\$65	\$96	\$107	\$116

PLEASE NOTE THAT THE ABOVE ASSESSMENTS AND CLASS GROUPS **HAVE** CHANGED FROM THE PRIOR YEAR: 7/1/13 – 6/30/14.