



# Indiana Department of Insurance

## Patient's Compensation Fund

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# **CERTIFICATE OF INSURANCE ELECTRONIC FILING USER MANUAL**

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## **Introduction**

The Indiana Patient's Compensation Fund ("PCF") electronic filing ("eFiling") database collects and stores information concerning health care providers that participate in the PCF.

In order to become a qualified health care provider and participate in the PCF, a health care provider's insurance carrier or agent must file with the Indiana Insurance Commissioner proof of financial responsibility under IC 34-18-4 and pay the surcharge assessed on all health care providers under IC 34-18-5 to the Indiana Department of Insurance. Effective December 5, 2012, carriers must file all new, renewal, and amended Certificates of Insurance ("COIs") through this system and submit surcharge payment through this system.

## **About This Manual**

This manual was developed to assist COI filers to file and pay for new, renewal, amended, and cancellation certificates.

This manual was written using PCF eFiling database version 1.14.19.0.

## **Conventions Used in This Manual**

The following conventions are used in this manual to assist users:

**Underlined text** indicates a link.

**Boxed text** is used to indicate a button.

**Tips** are in green.

**Warnings** are in red.

## **Supported Browsers**

Supported browsers include Google Chrome and Mozilla Firefox. Internet Explorer and Apple browsers are not supported.

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Electronic Filings

## Welcome to COI Electronic Filing

Welcome to the Indiana Patient's Compensation Fund ("IPCF") electronic filing database. The objective of this electronic system is to collect and store information concerning health care providers that participate in the IPCF.

In order to become a qualified health care provider and participate in the IPCF, a health care provider or a health care provider's insurance carrier must cause to be filed with the Commissioner proof of financial responsibility under IC 34-18-4; and pay the surcharge assessed on all health care providers under IC 34-18-5 to the Indiana Department of Insurance. Effective December 5, 2012 carriers must file all new and renewal Certificates of Insurance (COIs) and submit surcharge payment through this system.

If you have questions, please contact the Indiana Department of Insurance at [pcf-coi@idoi.in.gov](mailto:pcf-coi@idoi.in.gov) or 317-232-5065.

[Frequently Asked Questions](#)  
[PCF-COI Filing Procedures](#)  
[Indiana Medical Malpractice Act](#)  
[Rule 21](#)  
[Rule 60](#)  
[Professional Licensing Agency](#)  
[PCF Database](#)  
[Secretary of State – Business Entity Search](#)

### Log In

Username

Password

Forgot [user name](#) or [password](#)

Submit

### Create An Account

Type

Insurance Carrier ▼

Continue

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Click the Forgot [user name](#) link if you need to recover your user name. Click the Forgot [password](#) link if you need to recover your password.

Click **Continue** to create an account.

If you have already created your account, enter your valid username and password, then click **Submit** to navigate to the dashboard.

## **User Roles and Permissions**

There are four types of user roles available: Carrier Admin, Carrier Payer, Carrier Filer, and Producer. Designated rights for each role are as follows:

### **Carrier Admin**

Full management of carrier account:

- Submit a Certificate
- Make Payments
- View Previous Filings
- Credits and Reports
- Admin Management

### **Carrier Payer**

- Submit a Certificate
- Make Payments
- View Previous Filings
- Credits and Reports

### **Carrier Filer**

- Submit a Certificate
- View Previous Filings
- Credits and Reports

### **Producer**

Full Management of Producer Account:

- Submit a Certificate
- Make Payments
- View Previous Filings
- Credits and Reports

## Create a New Account

### Insurance Carrier

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Create A New Carrier Admin Account

[< Back To Dashboard](#) | [Log Off](#)

*\* All Fields Are Required.*

NAIC Code

Carrier Name

Continue

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The NAIC Code field requires exactly five numbers. If you are unsure of your NAIC Code, please contact NAIC Customer Service at 1-816-783-8500 or via email at [help@naic.org](mailto:help@naic.org). You can also look up the NAIC code at [https://content.naic.org/cis\\_consumer\\_information.htm](https://content.naic.org/cis_consumer_information.htm).

Enter the full legal name of the insurance carrier.

Click **Continue** to proceed with registration.

**WARNING:** Once an account is set up, the Carrier is responsible for maintaining the accuracy of the information in their account and updating it as needed.

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Create A New Producer Account

[< Back To Dashboard](#) | [Log Off](#)

\* All Fields Are Required.

Last Name

License Number

Continue

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To register, the Producer must provide last name and valid license number.

Click **Continue** to proceed with registration.

**WARNING:** A separate account must be set up for each Producer, using the Producer's Indiana license number and listing the Producer as the Authorized Signature. Certificates for PCF coverage must be submitted using the account of the Producer who wrote the business. A Firm Administrator must be named, and an email address provided for the PCF to use when sending official notifications to the Producer Account. Changes to a Producer Account must be requested by email to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov). Only the Producer or Firm Administrator may authorize changes to the account. The PCF will forward the change request to its IT Vendor who will complete the request within 10 business days. The Producer is responsible for maintaining the accuracy of their account.



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Create A New Account

[< Back To Dashboard](#) | [Log Off](#)

\* All Fields Are Required.

Company / Organization Information

Company / Organization Name

Authorization Signature / Name

User Information

First Name

Last Name

Email Address

Username

All fields are required.

The Username field is required. Your username is case sensitive and can only contain numbers (0-9) and letters (A-Z). Special characters (!@#\$%^&\*) are not allowed. There is no minimum character requirement for this field, but the maximum character count is 25 letters and/or numbers.

(continued on next page)

## Account Set Up *(continued)*

Username	<input type="text"/>	<b>Password Requirements</b> <ul style="list-style-type: none"><li>• Minimum 14 characters</li><li>• Lowercase character</li><li>• Uppercase character</li><li>• Digits (0-9)</li><li>• One or more of the following symbols: ! @ # \$ % ^ &amp; * - _ + = [ ] { }   \ : ' , ? / ' ~ " ( ) ; .</li></ul>
Password	<input type="text"/>	
Confirm Password	<input type="text"/>	

The Password field is required. Your password must contain at least:

- 14 characters
- One lowercase character
- One uppercase character
- One number (0-9)
- One special character (! @ # \$ % ^ & \* - \_ + = [ ] { } | \ : ' , ? / ' ~ " ( ) ; .)

*(continued on next page)*

## Account Set Up (continued)

### Billing Information

Country

United States ▾

Address

City

State

Indiana ▾

Zip Code

-

Phone

1-()x

### Account Security

Security Question

-- Select Question -- ▾

Security Answer

Continue

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Complete the Billing Information section. This is where the PCF will look for your contact information if they ever need to contact you about a filing or payment.

Select a security question and provide an answer. The answer is not case sensitive.

Click **Continue** to proceed with registration.

## **Subscriptions and Tier Pricing Structure**

Effective July 1, 2024, the PCF no longer requires filers to pay a filing fee to submit certificates. All filers can submit an unlimited number of certificates without enrolling in the unlimited subscription option or paying the \$1,500 fee.

## Submit a Certificate

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**Dashboard**[Log Off](#)

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

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Click **Continue >** under **Submit a Certificate** to proceed with filing.

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Manage Certificates

[< Back To Dashboard](#) | [Log Off](#)

Search Certificates

File a New / Renewal PCF Certificate

File an Amended / Cancellation Certificate

Show 10 entries

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By
No data available in table						

Showing 0 to 0 of 0 entries

First

Previous

Next

Last

Select All

Add Selected Filings to Payer Queue

Delete Selected

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To file a new or renewal certificate, click **File a New / Renewal Certificate**.

## File a New / Renewal Certificate (continued)

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File a New / Renewal PCF Certificate

[< Back To Dashboard](#) | [Log Off](#)

\* Required Field

Provider ID

[?](#)

< Back

Continue

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.13.33.0

Enter a valid Indiana PCF Provider ID.

If this is a new provider enrollment with the PCF, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) to have provider added to the PCF database. Most requests are completed within two business days.

Click **Continue** to proceed with filing.

## All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers)

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[< Back To Dashboard](#) | [Log Off](#)

### File a New / Renewal PCF Certificate

*\* Required Field*

Certificate Information

Provider Type

All Other Types

?

ISO Code

?

Health Care Provider Name

First Name

Middle Name

Last Name

?

D.B.A.

?

Insurance carriers may edit all fields except for the NAIC Code and Insurance Carrier Name.

All fields are required except for the Date Surcharge Received From The Provider and D.B.A. fields.

The ISO Code field requires exactly five numbers.

Health Care Provider Name should be the full legal name of provider as listed on their Indiana Medical license or compact license, including middle name or initial if applicable.

*(continued on next page)*



## All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers - *continued*)






The screenshot shows a web form with several sections. At the top, there is a header area with a question mark icon. Below this, the 'D.B.A.' section contains a list box with three items: 'Highlighted DBA 1', 'Highlighted DBA 2', and 'Unhighlighted DBA'. Below the list box is an empty text input field. Underneath the input field are three buttons: 'Add', 'Remove Selected', and 'Add Mutiple'. The 'Address' section consists of three stacked text input fields, followed by a dropdown menu currently showing 'Indiana' with a downward arrow, and another text input field below it. Below these is the text 'United States'. The 'Insurance' section has a label 'Carrier Name' and an empty text input field.

Per 760 IAC 1-21-10(b), if a physician operates under a D.B.A., the D.B.A. should be reported on the physician's PCF Certificate of Insurance. However, including a D.B.A. on a PCF Certificate of Insurance does not allow an individual to include employees. A sole practitioner physician must organize or register an entity under state law and qualify the entity in the PCF to obtain coverage for employees. Further information on informal business associations may be obtained from the Indiana Secretary of State's Office. **However, any separate legal entity must have independent coverage.** You may enter as many D.B.A.s as needed. Enter D.B.A.s one at a time and then click **Add**. Confirm that the D.B.A. is highlighted before moving to the next page. If removing a D.B.A., highlight the D.B.A. and click **Remove Selected**. Verify that the name, punctuation, and spelling is correct.

Update the provider's business mailing address if necessary. This address is visible in the PCF's public database.

*(continued on next page)*

## All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers - *continued*)

Insurance Carrier Name	<input type="text"/>	
NAIC Code	<input type="text"/>	
Insurer Code	AA- <input type="text"/>	
Alien Insurers	<div><div>17891797</div><div></div></div>	
Syndicate	<input type="text"/>	
Percent of Risk	<input type="text"/> %	
	<input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Provider ID	156834	
Medical License Number(s)	<div><div>17891797</div><div></div></div>	
	<input type="text"/> <input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Policy Number	<input type="text"/>	Policy number for Self Insured hospitals <b>MUST</b> be only SI.
Type of Policy	<p><input type="radio"/> Occurrence</p> <p><input checked="" type="radio"/> Claims Made</p> <p><input type="radio"/> Reporting Endors</p>	
Retro Date:	<input type="text"/>	
Coverage Dates	From <input type="text"/>	
	<input type="text"/>	

Producers will enter Insurance Carrier Name with NAIC Code or Alien Insurer AA number and Syndicate number(s) with percentage.

To update Medical License Number(s), first highlight the existing license number(s) and click **Remove Selected**. Enter the new license number(s) and click **Add**. Confirm that the new license number is highlighted before moving to the next page. This field may contain only numbers.

**Tip:** You can verify an individual provider's license number at <https://mylicense.in.gov/EVerification/Search.aspx>.

Policy Number may contain numbers, letters, and dashes.

Type of Policy must be selected. By default, the system selects **Occurrence**. When filing a claims made policy or a reporting endorsement, a retro date must be entered. **The retro date cannot be earlier than the date of the first PCF claims made policy.** This date might be different from the retro date of the underlying policy. If the underlying policy is an occurrence policy, no retro date is required.

*(continued on next page)*

## All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers - *continued*)

Type of Policy ☐ Reporting Endors

Retro Date:

Coverage Dates From  To

Date Surcharge Received From The Provider

Limits of Liability Per Occurrence  Annual Aggregate

Premium Amount

< Back Continue

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Coverage dates may not exceed one year, except for reporting endorsements. If entering coverage dates of less than a year, you will be asked to verify later if this is a Pro-Rated or Locum Tenens policy. Start coverage date may not exceed 180 days before the date certificate is submitted. **If the certificate is filed 91 to 180 days after the policy effective date, the certificate will require Department approval and submission of an [Appeal Letter](#).** Information will be saved on the electronic filing system but will not be processed until approved by the IDOI. Please submit an Appeal Letter directly to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) for approval per Ind. Code 34-18-3-5. You may also use this email address if you have any questions about the appeal process. You will be notified via email once the certificate has been approved or rejected. If your certificate is marked with a 'P' in your Manage Certificates queue but you have not received an email, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) as it may be necessary to update the contact information on your account. **Check your pending filings regularly in case PCF emails are blocked by your organization's security protocols.**

The Date Surcharge Received From The Provider is an optional field. It is the date that surcharge was received by the carrier or producer from the provider.

Minimum Occurrence Limits of Liability is \$500,000. This field cannot have a lesser amount, but the minimum occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is \$1,500,000. Per Ind. Code 34-18-4-1, the minimum aggregate limit of liability may be higher depending on the underlying limits.

Premium Amount field is required for All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers). If the carrier has not charged the provider a premium for Indiana Professional Liability, you may enter 0. You may be asked to submit a copy of the policy documents that reflect the reported premium.

**Ensure all active D.B.A.s and updated license numbers are highlighted before moving to the next page.**

Click **Continue** to proceed with filing.

All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers - *continued*)

The screenshot shows the 'File a New / Renewal PCF Certificate' page on the IN.gov website. The page has a dark red header with the IN.gov logo and 'Indiana Department of Insurance'. Below the header is a 'Electronic Filings' section. The main title is 'File a New / Renewal PCF Certificate'. There are links for '< Back To Dashboard' and 'Log Off'. A note indicates '\* Required Field'. Under 'Proration', there are radio buttons for 'Pro-Rated', '2nd Policy', 'Locum', and 'None' (which is selected). A text field for 'Enter # of Coverage Days' is present. A modal dialog box is open, displaying 'test.secure.in.gov' and the message 'Please verify whether this is a Pro-Rated or Locum Tenen policy.' with an 'OK' button. The 'Credits' section includes 'Part Time Credits' and a list of credit types: 'Medical School Faculty' (67%), 'Retired' (Retired), 'Newly Licensed Physician' (1st Year 50%, 2nd Year 25%), 'Fellowship' (Full Time 50%), 'Greater of' (Full time surcharge for medical practice outside fellowship, 50% of surcharge due for specialty class of fellowship), and 'None' (I have no credits, which is selected). At the bottom are '< Back' and 'Continue' buttons.

If you entered coverage dates of less than a year on the previous page, you will be asked to verify whether this is a Pro-Rated or Locum Tenens policy, unless you are filing for an Ancillary Provider. By default, the system selects **None**. Confirm that this is the correct selection before proceeding.

Credits selection is a required field. You may select only one credit. By default, the system selects **I have no credits**. Confirm that this is the correct selection before proceeding. Only Part Time Credits are available to Independent Ancillary Providers. No credits are available to Ancillary Providers.

You may be asked to provide documentation to support your credit selection.

Click **Continue** to proceed with filing.

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Electronic Filings

[Back To Dashboard](#) | [Log Off](#)

File a New / Renewal PCF Certificate

\* Required Field

Certificate Information

Provider Type

Hospital

?

ISO Code

90000

?

Health Care  
Provider Name

?

D.B.A.

Highlighted DBA 1

Highlighted DBA 2

Unhighlighted DBA

?

Add

Remove Selected

Add Multiple

Address

Indiana

United States

Insurance  
Carrier Name

Insurance carriers may edit all fields except for the NAIC Code and Insurance Carrier Name.

All fields are required except for the Date Surcharge Received From The Provider, the D.B.A. field, and the Premium Amount.





The Health Care Provider Name should be the full legal name of the hospital as listed on their Indiana Hospital or Private Mental Health Institution license.

You may enter as many D.B.A.s as needed. Enter each D.B.A. separately and click **Add**. Confirm that all D.B.A.s are highlighted before moving to the next page. To remove a D.B.A., highlight the D.B.A. you want to remove and click **Remove Selected**. Verify that the name, punctuation, and spelling are correct.

Update the hospital's business mailing address if necessary. This address is where proposed complaints for medical malpractice will be mailed.

(continued on next page)

## Hospitals (continued)

Insurance Carrier Name	<input type="text"/>	
NAIC Code	<input type="text"/>	
Insurer Code	AA- <input type="text"/>	
Alien Insurers	<div><div></div><div></div></div>	
Syndicate	<input type="text"/>	
Percent of Risk	<input type="text"/> %	
	<input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Provider ID	156832	
Medical License Number(s)	<div><div></div><div></div></div>	
	<input type="text"/> <input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Policy Number	<input type="text"/>	Policy number for Self Insured hospitals <b>MUST</b> be only SI.
Type of Policy	<p><input type="radio"/> Occurrence</p> <p><input checked="" type="radio"/> Claims Made</p> <p><input type="radio"/> Reporting Endors</p>	
Retro Date:	<input type="text"/>	
Scope Of	<input checked="" type="radio"/> Excluding Employees	

Producers will enter the Insurance Carrier Name with NAIC Code or Alien Insurer AA number and Syndicate number(s) with percentage.

To update Medical License Number(s), first highlight the existing license number(s) and click **Remove Selected**. Enter the new license number(s) and click **Add**. Confirm that the new license number is highlighted before moving to the next page. This field may contain only numbers and dashes. You may be asked to provide a copy of the hospital's current license.

**Tip:** You can verify a hospital's current license number at <https://www.in.gov/health/reports/QAMIS/hosdir/index.htm>.

The Policy Number may contain numbers, letters, and dashes. The Policy Number for self-insured hospitals must be only "SI".

The Type of Policy must be selected. By default, the system selects **Occurrence**. When filing a claims made policy or a reporting endorsement, a retro date must be entered. **The retro date cannot be earlier than the date of the first PCF claims made policy.** This date might be different from the retro date of the underlying policy. If the underlying policy is an occurrence policy, no retro date is required.

(continued on next page)

## Hospitals (continued)

The screenshot shows a web form for hospital information. At the top is a 'Retro Date' field with a calendar icon. Below is the 'Scope Of Coverage' section with two radio buttons: 'Excluding Employees' (selected) and 'Including Employees'. The 'Coverage Dates' section has 'From' and 'To' fields with calendar icons. The 'Date Surcharge Received From The Provider' field has a calendar icon. The 'Limits of Liability' section has two rows: 'Per Occurrence' with a value of 500000.00 and 'Annual Aggregate' with a value of 10000000.00. The 'Premium Amount' field is empty. At the bottom are '< Back' and 'Continue' buttons. A footer bar contains the text 'IN.gov Home | Indiana Department of Insurance Home | v 1.13.33.0'.

The Scope of Coverage must be selected. By default, the system selects **Excluding Employees**.

The Coverage Dates may not exceed one year, except for reporting endorsements. If entering coverage dates of less than a year, you will be asked to verify later if this is a Pro-Rated policy. The start coverage date may not exceed 180 days before the date the certificate is submitted. **If the certificate is filed 91 to 180 days after the policy effective date, the certificate will require Department approval and submission of an [Appeal Letter](#).** Information will be saved on the electronic filing system but will not be processed until approved by the IDOI. Please send an Appeal Letter directly to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) for approval per Ind. Code 34-18-3-5. You may also use this email address if you have any questions about the appeal process. You will be notified via email once the certificate has been approved or rejected. If your certificate is marked with a 'P' in your Manage Certificates queue but you have not received an email, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) as it may be necessary to update the contact information on your account. **Check your pending filings regularly in case PCF emails are blocked by your organization's security protocols.**

The Date Surcharge Received From The Provider is an optional field. It is the date that the surcharge was received by the carrier or Producer from the hospital.

The Minimum Occurrence Limits of Liability is \$500,000. This field cannot have a lesser amount, but the actual occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is \$10,000,000 for hospitals with not more than 100 licensed beds and \$15,000,000 for hospitals with more than 100 licensed beds. Per Ind. Code 34-18-4-1, the actual aggregate limit of liability may be higher depending on the underlying limits.

The Premium Amount field is not required for hospitals.

**Ensure all active D.B.A.s and updated license numbers are highlighted before moving to the next page.**

Click **Continue** to proceed with filing.

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Electronic Filings

File a New / Renewal PCF Certificate

[< Back To Dashboard](#) | [Log Off](#)

!

It is recommended to click Calculate Surcharge every 30 minutes while creating this certificate. Be advised, certificate is not saved until you verify certificate information and click Submit on the last page of this filing.

\* Required Field

Hospital Exposure

Provide # of Beds

**WARNING:** You should click **Calculate Surcharge** at the bottom of the page at least every 30 minutes while creating a hospital certificate to keep your session from timing out, which would cause you to lose your work.

Total Surcharge Due

\$0.00

< Back

Calculate Surcharges

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(continued on next page)



## Hospitals (continued)

### Hospital Exposure

#### Provide # of Beds

Exposure		Cost	Subtotal
<input type="text" value="0"/>	Hospital (Acute Care and Intensive Care) ?	\$1,048.00	\$0.00
<input type="text" value="0"/>	Mental Health/Rehabilitation ?	\$524.00	\$0.00
<input type="text" value="0"/>	Extended Care/Intermediate Care/Residential ?	\$53.00	\$0.00
<input type="text" value="0"/>	Nursing Home/Critical Extended Care ?	\$524.00	\$0.00
<input type="text" value="0"/>	Health Institution/Assisted Living/Other ?	\$210.00	\$0.00
<input type="text" value="0"/>	Bassinets	\$1,048.00	\$0.00

#### # of Visits ?

Exposure		Cost	
<input type="text" value="0"/>	Emergency Room	\$104.80	\$0.00
<input type="text" value="0"/>	Clinics/Others	\$52.40	\$0.00
<input type="text" value="0"/>	Mental Health/Rehabilitation ?	\$26.00	\$0.00
<input type="text" value="0"/>	Health Institution	\$21.00	\$0.00
<input type="text" value="0"/>	Home Health Care	\$52.40	\$0.00

#### Provide # of Surgeries / Births ?

Exposure		Cost	
<input type="text" value="0"/>	Births	\$4,196.00	\$0.00
<input type="text" value="0"/>	Outpatient Surgeries	\$104.80	\$0.00
<input type="text" value="0"/>	Inpatient Surgeries	\$2,097.00	\$0.00

**Subtotal (A) \$0.00**

Enter the number of beds, number of visits, and number of surgeries and births.

**WARNING:** Any entity, person or activity not identified in this surcharge worksheet might not be included in the hospital's coverage with the Patient's Compensation Fund.

(continued on next page)

Hospitals (continued)

Employed Physicians

List all employed physicians included in this coverage under the specialty class code section.

Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.

Class 0

Exposure	Rate	Subtotal	Physicians
Full-Time	\$2,130.00	\$0.00	<div><div>+</div></div>

Physician First Name

Physician Last Name

Add Physician

Remove Selected

67% Teaching Credit	\$702.90	\$0.00	<div><div>+</div></div>
0-12 hrs. 75% Credit	\$532.50	\$0.00	<div><div>+</div></div>
13-24 hrs. 50% Credit	\$1,065.00	\$0.00	<div><div>+</div></div>
25-30 hrs. 25% Credit	\$1,597.50	\$0.00	<div><div>+</div></div>
Fellowship Credit	<div>?</div>	\$0.00	<div><div>+</div></div>
Slot Rated (FTE) <div>?</div>	\$2,130.00	\$0.00	<div><div>+</div></div>
CLASS 0 TOTAL		\$0.00	

All employed physicians must be entered under the correct specialty class. Click the **green plus (+) sign**, type in the physician's name, and then click **Add Physician**. Each physician must be added separately, and the total number of physicians will be calculated automatically on the worksheet unless entering Slot Rated (FTE) physicians.

If removing a physician, highlight the physician's name and click **Remove Physician**.

(continued on next page)

Hospitals (continued)

Sub Total B

\$0.00

Total of A & B

\$0.00

☐ Lack of Risk Mangement Program 10 % Penalty x Total of A & B

☐ Hospital with > 500 Beds 3% Multiplier of Total A & B

Credits

You may select only one credit.

Proration

☐ Pro-Rated

☐ 2nd Policy

☒ None

Total Surcharge Due

\$0.00

< Back

Calculate Surcharges

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Confirm whether the hospital lacks a Risk Management Program or if the hospital has over 500 beds. By default, **Lack of Risk Management Program** and **Hospital with >500 Beds** are unselected.

Credits selection is a required field. You may select only one credit. By default, the system selects **None**. However, the system selects **Pro-Rated** if you entered coverage dates of less than one year. Confirm that this is the correct selection before proceeding.

Click **Calculate Surcharges**, and Sub Totals will populate.

Click **Continue** to proceed with filing.

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## File a New / Renewal PCF Certificate

*\* Required Field*

### Certificate Information

**Provider Type** Nursing Home ?

**ISO Code** 80923 ?

**Health Care Provider Name** ?

**D.B.A.** ?

Highlighted DBA 1  
Highlighted DBA 2  
Unhighlighted DBA

**Address**

Indiana  
  
United States

**Insurance Carrier Name**

**NAIC Code**

Insurance carriers may edit all fields except for the NAIC Code and Insurance Carrier Name.

All fields are required except for the Date Surcharge Received From The Provider, the D.B.A. field, and the Premium Amount.

The Health Care Provider Name should be the full legal name of the nursing home as listed on their Indiana Nursing Home license.

You may enter as many D.B.A.s as needed. Enter each D.B.A. separately and click **Add**. Confirm that all D.B.A.s are highlighted before moving to the next page. To remove a D.B.A., highlight the D.B.A. you want to remove and click **Remove Selected**. Verify that the name, punctuation, and spelling are correct.

Update the nursing home's business mailing address if necessary. This address is where proposed complaints for medical malpractice will be mailed.

(continued on next page)

## Nursing Homes (continued)

The screenshot shows a web form for Nursing Homes. It includes the following fields and sections:

- NAIC Code**: A text input field.
- Insurer Code**: A text input field with "AA-" pre-filled.
- Alien Insurers**: A list box for selecting insurers.
- Syndicate**: A text input field.
- Percent of Risk**: A text input field with a "%" symbol.
- Add** and **Remove Selected** buttons for the Alien Insurers section.
- Provider ID**: A text input field with "156843" pre-filled.
- Medical License Number(s)**: A list box for selecting license numbers.
- Add** and **Remove Selected** buttons for the Medical License section.
- Policy Number**: A text input field.
- Type of Policy**: Radio buttons for **Occurrence**, **Claims Made**, and **Reporting Endors**.
- Scope Of**: A radio button for **Excluding Employees**.

Producers will enter the Insurance Carrier Name with NAIC Code or Alien Insurer AA number and Syndicate number(s) with percentage.

To update Medical License Number(s), first highlight the existing license number(s) and click **Remove Selected**. Enter the new license number(s) and click **Add**. Confirm that the new license number is highlighted before moving to the next page. This field may contain only numbers and dashes. You may be asked to provide a copy of the nursing home's current license.

**Tip:** You can verify a nursing home's current license number at <https://www.in.gov/health/reports/QAMIS/ltrdir/index.htm>.

The Policy Number may contain numbers, letters, and dashes.

The Type of Policy must be selected. By default, the system selects **Occurrence**. When filing a claims made policy or a reporting endorsement, a retro date must be entered. **The retro date cannot be earlier than the date of the first PCF claims made policy.** This date might be different from the retro date of the underlying policy. If the underlying policy is an occurrence policy, no retro date is required.

(continued on next page)

## Nursing Homes (continued)

Scope Of Coverage	<input checked="" type="radio"/> Excluding Employees <input type="radio"/> Including Employees	
Coverage Dates	From <input type="text"/>	<a href="#">?</a>
	To <input type="text"/>	
Date Surcharge Received From The Provider	<input type="text"/>	<a href="#">?</a>
Limits of Liability	Per Occurrence <input type="text" value="500000.00"/>	<a href="#">?</a>
	Annual Aggregate <input type="text" value="1500000.00"/>	
Premium Amount	<input type="text"/>	<a href="#">?</a>
<a href="#">&lt; Back</a>		<a href="#">Continue</a>

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The Scope of Coverage must be selected. By default, the system selects **Excluding Employees**.

The Coverage Dates may not exceed one year, except for reporting endorsements. If entering coverage dates of less than a year, you will be asked to verify later if this is a Pro-Rated policy. The start coverage date may not exceed 180 days before the date the certificate is submitted. **If the certificate is filed 91 to 180 days after the policy effective date, the certificate will require Department approval and submission of an [Appeal Letter](#).** Information will be saved on the electronic filing system but will not be processed until approved by the IDOI. Please send an Appeal Letter directly to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) for approval per Ind. Code 34-18-3-5. You may also use this email address if you have any questions about the appeal process. You will be notified via email once the certificate has been approved or rejected. If your certificate is marked with a 'P' in your Manage Certificates queue but you have not received an email, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) as it may be necessary to update the contact information on your account. **Check your pending filings regularly in case PCF emails are blocked by your organization's security protocols.**

The Date Surcharge Received From The Provider is an optional field. It is the date that the surcharge was received by the carrier or Producer from the nursing home.

The Minimum Occurrence Limits of Liability is \$500,000. This field cannot have a lesser amount, but the actual occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is \$1,500,000 for nursing homes with not more than 100 licensed beds and \$2,500,000 for nursing homes with more than 100 licensed beds. Per Ind. Code 34-18-4-1, the actual aggregate limit of liability may be higher depending on the underlying limits.

The Premium Amount field is not required for nursing homes.

**Ensure all active D.B.A.s and updated license numbers are highlighted before moving to the next page.**

Click **Continue** to proceed with filing.

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File a New / Renewal PCF Certificate

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!

It is recommended to click Calculate Surcharge every 30 minutes while creating this certificate. Be advised, certificate is not saved until you verify certificate information and click Submit on the last page of this filing.

\* Required Field

☒ For Profit

**WARNING:** You should click **Calculate Surcharge** at the bottom of the page at least every 30 minutes while creating a nursing home certificate to keep your session from timing out, which would cause you to lose your work.

Proration

☐ 2nd Policy

☐ None

Total Surcharge Due

\$0.00

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Calculate Surcharges

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(continued on next page)

File a New / Renewal PCF Certificate



It is recommended to click Calculate Surcharge every 30 minutes while creating this certificate. Be advised, certificate is not saved until you verify certificate information and click Submit on the last page of this filing.

\* Required Field

- ☒ For Profit  
☐ Not For Profit

<input type="text" value="0"/>	Extended Care/Intermediate Care/Residential ?	\$37.67	\$0.00
<input type="text" value="0"/>	Nursing Home/Critical Extended/Comprehensive Care ?	\$81.61	\$0.00

Employed Physicians

Select whether the nursing home is **For Profit** or **Not For Profit**. By default, the system selects **For Profit**.

Enter the number of **Extended Care / Intermediate Care / Residential** and **Nursing Home / Critical Extended / Comprehensive Care** beds.

**WARNING:** Any entity, person or activity not identified in this surcharge worksheet might not be included in the nursing home’s coverage with the Patient’s Compensation Fund.

(continued on next page)



## Nursing Homes (continued)

### Employed Physicians

List all employed physicians included in this coverage under the specialty class code section.

Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.

#### Class 0









Exposure	Rate	Subtotal	Physicians
Full-Time	\$2,130.00	\$0.00	

Physician First Name

Physician Last Name

Add Physician

Remove Selected

67% Teaching Credit	\$702.90	\$0.00	
0-12 hrs. 75% Credit	\$532.50	\$0.00	
13-24 hrs. 50% Credit	\$1,065.00	\$0.00	
25-30 hrs. 25% Credit	\$1,597.50	\$0.00	
Fellowship Credit		\$0.00	
Slot Rated (FTE) 	\$2,130.00	\$0.00	

CLASS 0 TOTAL \$0.00

All employed physicians must be entered under the correct specialty class. Click the **green plus (+) sign**, type in the physician's name, and then click **Add Physician**. Each physician must be added separately, and the total number of physicians will be calculated automatically on the worksheet unless entering Slot Rated (FTE) physicians.

If removing a physician, highlight the physician's name and click **Remove Physician**.

(continued on next page)

Nursing Homes (continued)

Sub Total B

\$0.00

Total of A & B

\$0.00

☐

Lack of Risk Mangement Program

10 % Penalty x Total

Credits

You may select only one credit.

Pro-Rated

2nd Policy

None

Proration

Total Surcharge Due

\$0.00

< Back

Calculate Surcharges

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Confirm whether the nursing home lacks a Risk Management Program. By default, **Lack of Risk Management Program** is unselected.

Credits selection is a required field. You may select only one credit. By default, the system selects **None**. However, the system selects **Pro-Rated** if you entered coverage dates of less than one year. Confirm that this is the correct selection before proceeding.

Click **Calculate Surcharges**, and Sub Totals will populate.

Click **Continue** to proceed with filing.

Verify Information (All Provider Types)

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File a New / Renewal PCF Certificate

\* Required Field

Verify Certificate Information

Provider Type	All Other Types
Insurance Carrier Name	Acceptance Indemnity Insurance Company
NAIC Code	20010
ISO Code	80000
Health Care Provider Name	George Washington
D.B.A.	
Medical License Number(s)	17891797
Address	311 W. Washington Indianapolis, Indiana 46204 United States
Policy Number	Sample
Type of Policy	Occurrence
Coverage Dates	From 7/1/2024 To 7/1/2025
Date Surcharge Received From The Provider	
Limits of Liability	\$500000 - \$1500000

Verify Surcharges

Total Surcharges	\$6,090.00
------------------	------------

Verify Credits

Submit Certificate

The undersigned Insurance Company Representative/Producer hereby certifies limits of liability on behalf of the Health Care Provider indicated in this PCF Certificate of Insurance of the amount indicated in this filing, no more nor less, for claims against the Health Care Provider as a result of medical malpractice within the State of Indiana. I further certify that the policy used as proof of financial responsibility complies in all respects with the provisions of the Indiana Medical Malpractice Act, Indiana Code 34-18-1-1, et seq., and that any provision in the policy attempting to limit or modify the liability of the Health Care Provider contrary to the Medical Malpractice Act is void.

I further certify that the surcharge for the above referenced coverage for the period specified in this policy is at the appropriate class rate for the named specialty, is based upon the published calculation for a hospital, or nursing home, or Independent Ancillary Provider, or is One Hundred Percent (100%) of the premium for other health care providers. I also agree surcharge for this policy was remitted to the Patient's Compensation Fund within thirty (30) days of receipt from provider, but not more than sixty (60) days from the effective date of said policy, unless otherwise indicated in this filing.

I further acknowledge that in the event of a termination of the policy, or an amendment reducing, restricting, or removing coverage to the policy indicated in this filing, such change or termination shall not be effective unless notice of same has been delivered to the Insurance Commissioner not less than thirty (30) days prior to such change or termination. Notice shall be considered to have been given upon amending or terminating the policy and placing same in the United States mail by First Class Certified Mail, a copy of which shall have been mailed to the health care provider.

By clicking submit you are verifying that all information submitted is accurate.

Electronic Signature	<input type="text" value="IDOI"/>
Date	6/27/2024

[< Back](#)

[Submit](#)

Verify that all information is correct and then click **Submit**.

If there are any errors, click **Back** to correct.

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Manage Certificates

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!

Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

Search Certificates

File a New / Renewal PCF Certificate

File an Amended / Cancellation Certificate

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	
P	8/1/2024 - 8/1/2025	Test Nursing Home	123456789	\$119.00	\$0.00	New Filing	Mary Wilson	<a href="#">View</a>

Showing 21 to 21 of 21 entries

First

Previous

1

2

3

Next

Last

Select All

Add Selected Filings to Payer Queue

Delete Selected

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After you have submitted certificates, they will appear in your [Manage Certificates](#) Queue.



Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

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## File an Amended / Cancellation Certificate or Void a Cancellation Certificate

### Search for Certificate



Electronic Filings

Dashboard

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

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Click [Continue >](#) under **Submit a Certificate** to access **Manage Certificates**.

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Manage Certificates

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Search Certificates

File a New / Renewal PCF Certificate

File an Amended / Cancellation Certificate

Show 10 entries

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By
No data available in table						

Showing 0 to 0 of 0 entries

First

Previous

Next

Last

Select All

Add Selected Filings to Payer Queue

Delete Selected

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To Amend or Cancel a previously submitted certificate, or to Void a cancellation certificate, click **File an Amended / Cancellation Certificate**.

**WARNING:** A certificate that was filed on paper cannot be amended electronically; you may only amend or cancel on paper.

## Search for Certificate (continued)

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### File an Amended / Cancel Certificate

Certificate Confirmation Number

To Amend or Cancel, you must enter the **MOST RECENT CERTIFICATE CONFIRMATION NUMBER.**

Provider Name

\* for wildcard

Policy Number

Submission Date Range

From

To

Coverage Dates

From

To

< Back

Submit

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You may search for a previously submitted certificate by entering information into any of the search fields.

The **Certificate Confirmation Number** is the preferred search method; this number was assigned with the Payment ID provided via email when the certificate was submitted.

Click **Submit** to proceed.

Search for Certificate (continued)

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Amended Or Cancel Filings

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	Amend	Cancel
<input type="checkbox"/>	7/1/2024 - 7/1/2025	George Washington	Sample	\$6,090.00	\$0.00	New Filing	John Q. Public	Amend	Cancel

Showing 1 to 1 of 1 entries

First

Previous

1

Next

Last

Select All

Export to PDF

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The previously submitted certificate(s) will appear based on your search parameters.

Click the **Amend** or **Cancel** link on the right to proceed; when voiding a cancellation, click the **Amend** link.

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## File an Amended Certificate

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### Amend / Edit PCF Certificate

*\* Required Field*

#### Certificate Information

**Provider Type** All Other Types ?

**ISO Code**  ?

Health Care Provider Name	First Name	Middle Name	Last Name
	<input type="text" value="George"/>	<input type="text"/>	<input type="text" value="Washington"/>

?

**D.B.A.**

**Address**

<input type="text" value="123 Test St"/>
<input type="text" value="Indianapolis"/>
<input type="text" value="Indiana"/>
<input type="text" value="55555"/>

The certificate fields auto-populate with the original certificate information for your review and confirmation. Enter amended information carefully.

ISO Codes have five numbers.

The Health Care Provider Name should be:

- The full legal name of an individual as listed on their Indiana Medical license or compact license, including middle name or initial if applicable;
- The full legal name of a hospital as listed on their Indiana Hospital or Private Mental Health Institution license; or
- The full legal name of a nursing home as listed on their Indiana Nursing Home license.

**Be aware that if Physicians or D.B.A.s are covered, they must be included on all amendments, or their PCF coverage ends.** You may enter as many D.B.A.s as needed. Enter D.B.A.s one at a time and then click **Add**. If removing a D.B.A., highlight the D.B.A. and click **Remove Selected**. Verify that the name, punctuation, and spelling is correct.

Update the provider's business mailing address if necessary. This address is visible in the PCF's public database, and it is where proposed complaints for medical malpractice will be mailed.

*(continued on next page)*

## File an Amended Certificate *(continued)*

Insurance Carrier Name	PCF Staff	
NAIC Code	00000	
Insurer Code	AA-	<input type="text"/>
Alien Insurers	<div><div>17891797</div><div></div></div>	
Syndicate	<input type="text"/>	
Percent of Risk	<input type="text"/> %	
	<input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Provider ID	156834	
Medical License Number(s)	<div><div>17891797</div><div></div></div>	
	<input type="button" value="Add"/> <input type="button" value="Remove Selected"/>	
Policy Number	<input type="text" value="Test"/> Policy number for Self Insured hospitals <b>MUST</b> be only SI.	
Type of Policy	<input checked="" type="radio"/> Occurrence <input type="radio"/> Claims Made <input type="radio"/> Reporting Endors	

Filers cannot change Insurance Carrier information. If the carrier has changed, cancel the original certificate and file a certificate for the new carrier. If you entered the wrong carrier information on the original certificate, contact the PCF for assistance at [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov).

To update Medical License Number(s), first highlight the existing license number(s) and click **Remove Selected**. Enter the new license number(s) and click **Add**. Confirm that the new license number is highlighted before moving to the next page. This field may contain only numbers and hospital and nursing home licenses numbers may also contain dashes. You may be asked to provide a copy of the current license.

**Tip:** You can verify a hospital's current license number at <https://www.in.gov/health/reports/QAMIS/hosdir/index.htm>, and you can verify a nursing home's current license number at <https://www.in.gov/health/reports/QAMIS/ltdir/index.htm>.

The Policy Number may contain numbers, letters, and dashes. The Policy Number for self-insured hospitals must be only "SI".

Filers cannot change the Type of Policy. If the policy type has changed, cancel the original certificate and file a certificate for the new policy type. If you entered the wrong policy type or retro date on the original certificate, contact the PCF for assistance at [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov).

*(continued on next page)*

## File an Amended Certificate *(continued)*




Coverage Dates	From	<input type="text" value="7/1/2024"/>		
	To	<input type="text" value="7/1/2025"/>		
Date Surcharge Received From The Provider		<input type="text"/>		
Limits of	Per Occurrence	<input type="text" value="500000"/>		

Coverage dates may not exceed one year, except for reporting endorsements. If entering coverage dates of less than a year, you will be asked to verify later if this is a Pro-Rated or Locum Tenens policy. Start coverage date may not exceed 180 days before the date certificate is submitted. **If the certificate is filed 91 to 180 days after the policy effective date, the certificate will require Department approval and submission of an [Appeal Letter](#).** Information will be saved on the electronic filing system but will not be processed until approved by the IDOI. Please submit an Appeal Letter directly to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) for approval per Ind. Code 34-18-3-5. You may also use this email address if you have any questions about the appeal process. You will be notified via email once the certificate has been approved or rejected. If your certificate is marked with a 'P' in your Manage Certificates queue but you have not received an email, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) as it may be necessary to update the contact information on your account. **Check your pending filings regularly in case PCF emails are blocked by your organization's security protocols.**

The Date Surcharge Received From The Provider is an optional field. It is the date that surcharge was received by the carrier or Producer from the provider.

*(continued on next page)*

## File an Amended Certificate (continued)

Received From The Provider	<input type="text"/>	
Limits of Liability	Per Occurrence	<input type="text" value="500000"/> 
	Annual Aggregate	<input type="text" value="1500000"/>
Premium Amount	<input type="text" value="1"/>	

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Minimum Occurrence Limits of Liability is \$500,000. This field cannot have a lesser amount, but the minimum occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is \$1,500,000 for All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers); \$10,000,000 for hospitals with not more than 100 licensed beds and \$15,000,000 for hospitals with more than 100 licensed beds; and \$1,500,000 for nursing homes with not more than 100 licensed beds and \$2,500,000 for nursing homes with more than 100 licensed beds. Per Ind. Code 34-18-4-1, the minimum aggregate limit of liability may be higher depending on the underlying limits.

Premium Amount field is required for All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers). If the carrier has not charged the provider a premium for Indiana Professional Liability, you may enter 0. You may be asked to submit a copy of the policy documents that reflect the reported premium. The Premium Amount field is not required for hospitals or nursing homes.

**Ensure all active D.B.A.s and updated license numbers are highlighted before moving to the next page.**

Click **Continue** to proceed with filing.

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## Edit / Amend PCF Certificate

\* Required Field

Proration ?

☐ Pro-Rated  
☐ 2nd Policy  
☐ Locum  
☒ None

---

Credits

You may select only one credit.

Part Time Credits

☐ 0 to 12 hrs. 75%  
☐ >12 to <25 hrs. 50%  
☐ 25 to 31 hrs. 25%

---

Medical School Faculty

☐ 67%

---

Retired

☐ Retired

---

Newly Licensed Physician

☐ 1st Year 50%  
☐ 2nd Year 25%

---

Fellowship

☐ Full Time 50%

---

Greater of

☐ Full time surcharge for medical practice outside fellowship.  
☐ 50% of surcharge due for specialty class of fellowship.

---

None

☒ I have no credits.

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Continue

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If you entered coverage dates of less than a year on the previous page, you will be asked to verify whether this is a Pro-Rated or Locum Tenens policy, unless you are filing for an Ancillary Provider. By default, the system selects **None**. Confirm that this is the correct selection before proceeding.

Credits selection is a required field. You may select only one credit. By default, the system selects **I have no credits**. Confirm that this is the correct selection before proceeding. Only Part Time Credits are available to Independent Ancillary Providers. No credits are available to Ancillary Providers.

You may be asked to provide documentation to support your credit selection.

Click **Continue** to proceed with filing.

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Edit / Amended Certificate

Certificate Information

Provider Type	All Other Types
Insurance Carrier Name	PCF Staff
NAIC Code	00000
ISO Code	80000
Health Care Provider Name	George Washington
Medical License Number(s)	17891797
Address	123 Test St Indianapolis , Indiana 55555 United States
Policy Number	Test
Type of Policy	Occurrence
Coverage Dates	From 7/1/2024 To 7/1/2025
Date Surcharge Received From The Provider	
Limits of Liability	500000 - 1500000
Surcharge	*The surcharge will be calculated upon clicking the Submit button.
Credits	
Part Time Credits	25 to 31 hrs. 25%

Amendment Details

An amendment resulting in returned surcharge must give 30 days prior notice. If entering a date 30 days from today, then the certificate must be paid by the end of today.

Review the Certificate Information for accuracy.

(continued on next page)

## File an Amended Certificate (continued)

### Amendment Details

An amendment resulting in returned surcharge must give 30 days prior notice. If entering a date 30 days from today, then the certificate must be paid by the end of today.

\*Effective Date

Reason Other

\*Change Reason

Characters Remaining: 250

[< Back](#) [Continue](#)

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The Effective Date is the date the amendment was or will be effective.

Select an amendment Reason from the dropdown list: Other, Name Change, Address Change, Specialty Classification Change, or Void Cancellation.

A Change Reason is required in the text box. Please be as specific as possible within the character limits.

**WARNING: Certificates that result in returned surcharge must be submitted, approved, and paid a minimum of 30 days before the effective date of the certificate.** You will not be able to pay for certificates that do not comply with this requirement. Only the following exceptions apply: cancellations entered within the first 30 days of the policy's start date; death or disability; military deployment; and revoked or suspended license.

Please allow 10 days for PCF processing when determining the effective date of certificates that require PCF approval.

Click **Continue**.

**WARNING: Your certificate will not be filed with the PCF until you complete the payment process, even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

File A Certificate Cancellation

Certificate Information

Provider Type	All Other Types
Insurance Carrier Name	PCF Staff
NAIC Code	00000
ISO Code	80000
Health Care Provider Name	George Washington
Provider ID	156834
Medical License Number(s)	17891797
Address	123 Test St Indianapolis , Indiana 55555 United States
Policy Number	Test
Type of Policy	Occurrence
Coverage Dates	From 7/1/2024 To 7/1/2025
Date Surcharge Received From The Provider	
Limits of Liability	\$500,000.00 - \$1,500,000.00
Surcharge	* The surcharge will be calculated upon clicking the Submit button.

Credits

None

Cancellation Details

*Effective Date	<input type="text"/>
Reason	<div>Other</div>
Description of Reason	<div></div>
*Change Reason	
Characters Remaining: 250	

A cancellation must give 30 days prior notice (if outside of the first 30 days of the policy start date). If entering a date 30 days from today, then the certificate must be paid by the end of today.



File a Cancellation Certificate (continued)

Cancellation Details

\*Effective Date

08/01/2024

\*Change Reason

Reason

Other

Other

Death/Disability

Military Deployment

Suspended/Revoked License

Characters Remaining: 250

< Back

Continue

A cancellation must give 30 days prior notice (if outside of the first 30 days of the policy start date). If entering a date 30 days from today, then the certificate must be paid by the end of today.

The Effective Date is the date the cancellation was or will be effective.

Select a cancellation Reason from the drop-down list.

A Change Reason is required in the text box. Please be as specific as possible within the character limits.

**WARNING: Certificates that result in returned surcharge must be submitted, approved, and paid a minimum of 30 days before the effective date of the certificate.** You will not be able to pay for certificates that do not comply with this requirement. Only the following exceptions apply: cancellations entered within the first 30 days of the policy’s start date; death or disability; military deployment; and revoked or suspended license.

Click **Continue** to proceed with filing.

**WARNING:** Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

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## Void a Cancellation Certificate

The certificate fields auto-populate with the original certificate information for your review and confirmation. Do not change any information on the first page.

Click **Continue** to proceed with filing.

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### Edit / Amend PCF Certificate

\* Required Field

Proration ?

☐ Pro-Rated

☐ 2nd Policy

☐ Locum

☒ None

Credits

You may select only one credit.

Part Time Credits

☐ 0 to 12 hrs. 75%

☐ >12 to <25 hrs. 50%

☐ 25 to 31 hrs. 25%

Medical School Faculty

☐ 67%

Retired

☐ Retired

Newly Licensed Physician

☐ 1st Year 50%

☐ 2nd Year 25%

Fellowship

☐ Full Time 50%

Greater of

☐ Full time surcharge for medical practice outside fellowship.

☐ 50% of surcharge due for specialty class of fellowship.

None

☒ I have no credits.

< Back

Continue

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The credits entered must match those on the last cancelled certificate or the void cancellation will not calculate correctly.

Click **Continue** to proceed with filing.

## Void a Cancellation Certificate *(continued)*

**Credits**

**Amendment Details**

An amendment resulting in returned surcharge must give 30 days prior notice. If entering a date 30 days from today, then the certificate must be paid by the end of today.

**\*Effective Date**

03/24/2025

**Reason**

Void Cancellation

**\*Change Reason**

Change reason must be entered.

Characters Remaining: 220

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Continue

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The Effective Date of the Void Cancellation must match the Effective Date of the Cancellation.

Select the Reason "Void Cancellation" from the drop-down list.

A Change Reason is required in the text box.

**WARNING:** A cancellation certificate cannot be voided after the cancelled policy's original end date.

Click **Continue** to proceed with filing.

**WARNING:** Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

## **File an Extended Reporting Endorsement (Tail Policy)**

When filing a reporting endorsement, all the general requirements to [File a New / Renewal Certificate](#) apply. However, there are key differences regarding the Retro Date and Coverage Dates.

Under Type of Policy select “Reporting Endors” and enter the appropriate Retro Date, which is often the same as the related claims made policy. However, **the retro date cannot be earlier than the date of the first PCF claims made policy**, so this date might be later than the retro date of the underlying policy.

## **Limited Reporting Endorsement (Limited Tail)**

A limited reporting endorsement provides coverage for a *fixed period of time* (usually one or two years) for claims that arise after the end of the claims made policy for incidents that occurred or are alleged to have occurred while the claims made policy was active.

The “From” date for a limited reporting endorsement is the same as the end or cancel date of the related claims made policy. The “To” date for a limited reporting endorsement is the date on which extended coverage ends; claims filed after that date will not be covered by the PCF unless different coverage is in place.

Example:

Claims made coverage was in place from 1/1/2015-1/1/2025 with a retro date of 1/1/2015. A limited reporting endorsement was purchased for one (1) year.

The screenshot shows a web form for filing a reporting endorsement. Under the heading "Type of Policy", there are three radio button options: "Occurrence", "Claims Made", and "Reporting Endors". The "Reporting Endors" option is selected. To the right of these options is a blue question mark icon. Below the radio buttons is a text field labeled "Retro Date:" with the value "1/1/2015" and a calendar icon. Below this, under the heading "Coverage Dates", there are two text fields: "From" with the value "1/1/2025" and "To" with the value "1/1/2026". Both date fields have calendar icons. To the right of the "From" field is a blue question mark icon.

## **Unlimited Reporting Endorsement (Unlimited Tail)**

An unlimited reporting endorsement provides *indefinite coverage* for claims that arise after the end of the claims made policy for incidents that occurred or are alleged to have occurred while the claims made policy was active.

The “From” date for an unlimited reporting endorsement is the same as the retro date of the related claims made policy. The “To” date for an unlimited reporting endorsement is the same as the end or cancel date of the related claims made policy.

Example:

Claims made coverage was in place from 7/1/2015-7/1/2025 with a retro date of 7/1/2015. An unlimited reporting endorsement was purchased.

The screenshot shows a web form for filing a reporting endorsement. Under the heading "Type of Policy", there are three radio button options: "Occurrence", "Claims Made", and "Reporting Endors". The "Reporting Endors" option is selected. To the right of these options is a blue question mark icon. Below the radio buttons is a text field labeled "Retro Date:" with the value "7/1/2015" and a calendar icon. Below this, under the heading "Coverage Dates", there are two text fields: "From" with the value "7/1/2015" and "To" with the value "7/1/2025". Both date fields have calendar icons. To the right of the "From" field is a blue question mark icon.

## Payments

### Manage Certificates (Add Selected Filings to Payer Queue)

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Dashboard

Log Off

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

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Click [Continue >](#) under **Submit a Certificate** to access **Manage Certificates**.

## Manage Certificates (Add Selected Filings to Payer Queue - *continued*)

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Electronic Filings

Manage Certificates

[Back To Dashboard](#) | [Log Off](#)

!

Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

Search Certificates

File a New / Renewal PCF Certificate

File an Amended / Cancellation Certificate

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	
P	8/1/2024 - 8/1/2025	Test Nursing Home	123456789	\$119.00	\$0.00	New Filing	Mary Wilson	View

Showing 21 to 21 of 21 entries

First Previous 1 2 3 Next Last

Select All

Add Selected Filings to Payer Queue

Delete Selected

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After you have submitted certificates, they will appear in your Manage Certificates Queue. You may sort by any of the header fields by clicking once. You may select an individual certificate to view on the right or use the check boxes on the left to select certificates to delete or add to the payer queue.

**Note:** If your certificate has a capital P where the checkbox should be, it means the certificate is pending PCF approval. You will be notified via email once the certificate has been approved or rejected. If approved, the certificate will automatically go to the Make Payments queue for payment. If the certificate is rejected, it will automatically be deleted. If your certificate is marked with a 'P' in your Manage Certificates queue but you have not received an email, please contact [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) as it may be necessary to update the contact information on your account. **Check your pending filings regularly in case PCF emails are blocked by your organization's security protocols.**

To add certificates to the payer queue, select the certificate(s) using the checkboxes on the left and click **Add Selected Filings to Payer Queue**.

To delete a certificate, select the certificates(s) using the checkboxes on the left and click **Delete Selected**.

**WARNING: Deleted certificates cannot be retrieved and must be re-entered.**

## Make Payments

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Indiana Department of Insurance

Electronic Filings

**Dashboard**[Log Off](#)

### Submit a Certificate

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

### Make Payments

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

### View Previous Filings

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

### Credits and Reports

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

### Admin Management

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

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Click **Continue >** under **Make Payments** to make a payment.

Make Payments (continued)

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Make Payments

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!

Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

An amendment resulting in returned surcharge must give 30 days prior notice and cancellation must give 30 days prior notice (if outside of the first 30 days of the policy start date). The certificate must also be paid for before the 30 day window begins.

Search Certificates

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	
<input type="checkbox"/>	7/1/2024 - 7/1/2025	George Washington	Test	\$6,090.00	\$0.00	New Filing	Meghann Leaird	View

Showing 1 to 1 of 1 entries

Select All

FirstPrevious1NextLast

Pay Selected FilingsDelete Selected

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After you have moved certificates from your Manage Certificates Queue, they will appear in your Make Payments Queue. You may sort by any of the header fields by clicking once.

You may select an individual certificate to view on the right. You may use the check boxes on the left or **Select All** to select certificates to pay or delete.

To make payments, select the certificate(s) using the checkboxes on the left and click **Pay Selected Filings**. A “Please Wait” icon will appear.

To delete certificates, select the certificates(s) using the checkboxes on the left and click **Delete Selected**.

**WARNING: Deleted certificates cannot be retrieved and must be re-entered.**



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Verification

[< Back To Dashboard](#) | [Log Off](#)

Your current payment Id is **31006**

PO  
ER

**Verification of Notification**

I agree that it is my responsibility and not the responsibility of IDOI to notify my bank of the ACH ID number of 935600015E before proceeding with this payment. By clicking Continue below, I agree that I have followed this procedure and that failure to do so will result in this payment being returned to the IDOI. If this payment is denied by my bank, my account will locked until IDOI receives payment in full, including an additional \$25.00 for the NSF/return fee, and notification will be sent to the health care provider(s) that they are not qualified with the IPCF.

☐ I Agree

Continue

Back

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Your temporary payment ID will be displayed. Note this payment ID in case your session is interrupted during the payment process.

Review notification and check **I Agree**.

Click **Continue**.

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Payment

< Back To Dashboard | Log Off

Your certificate will not be filed with the PCF until you complete the payment process, **even if there is returned surcharge to be credited to your eFiling account or if there is no surcharge due.**

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Credits	Certificate	Created By	
7/1/2024 - 7/1/2025	George Washington	Test	\$6,090.00	\$0.00	\$0.00	New Filing	IDOI	View

Number of Certificates:

1

Total Surcharges:

\$6,090.00

Total Penalties:

\$0.00

Total Credits:

\$0.00

This payment is due by **6/28/2024 6:00:00 PM**. If you do not complete the payment process by **6/28/2024 6:00:00 PM** your certificate(s) will be returned to the Manage Certificates queue to be resubmitted for payment. If you do not plan to complete the payment at this time, click the "Pay Later" button. You will then go to the Search Payments queue where you will find this payment and you will need the Order ID **31006**.

Pay Later

Make Payment

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Your payment is due by 6:00:00 PM Eastern the next day. If you do not complete the payment process by the deadline your certificate(s) will be returned to the Manage Certificates queue to be resubmitted for payment. If you do not plan to complete the payment now, click **Pay Later**. Later, when you are ready to pay, you will go to the Search Payments module where you will search for the payment using the Order ID displayed.

Click **Make Payment** to proceed with the payment process.

## Checkout Process (continued)

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Checkout

[< Back To Dashboard](#) | [Log Off](#)

Step 1

Step 2

Step 3

\* Required Field

Payment Information

\*Payment Type

eCheck

Credits

Credit Available\$596,809,357.00

Amount to Apply0

Continue

Payment Details

Surcharge	\$6,090.00
Penalties	\$0.00
Item Subtotal	\$6,090.00 *

\* Price

This online service is provided by a third party working in partnership with the State. The purchase price will include the third party's costs to operate, maintain and enhance the State's computer gateway, IN.gov and eCommerce services. This is made possible through a contract administered under the authority of the Indiana Office of Technology (IOT) as designated in EDS # D20-7-0981.

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Select Payment Type: eCheck or Credit Card (Visa or Mastercard only).

**Tip:** If the surcharge is \$0, if there is returned surcharge, or if you are going to pay 100% of the surcharge and any penalties with credits, selecting the eCheck option is faster and easier.

If you have any credits available on your account, they will be displayed in the Credits section. Enter the amount of credits, if any, you would like to apply to the payment; you may apply some or all of your credits to cover some or all of the amount due. Do not enter any dollar signs (\$) or commas (,).

**WARNING:** Payment must be made from the filer's account. A filer must never share their PCF login credentials with a client or allow a client to make a payment and must never make a PCF payment using a client's banking or credit card information.

Click **Continue** to proceed.

Payment via Credit Card

1 Payment Type

2 Customer Info

3 Payment Information

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
IDOI_Cert	Surcharge For DOI	\$6,090.00	1	\$6,090.00
TPEFEE-ia-fee	Instant Access Fee	\$119.77	1	\$119.77
Total				\$6,209.77

Transaction Summary

Surcharge For DOI	\$6,090.00
Instant Access Fee	\$119.77
<b>TOTAL</b>	<b>\$6,209.77</b>

Need Help?

Please complete the Customer Information Section.

Payment

Payment Type

Credit/Debit Card

To pay via credit card, an instant access fee will apply.<sup>1</sup> The fee is not charged by the PCF, and the PCF cannot waive the fee.

(continued on next page)

<sup>1</sup> Payment processing is provided by a third party working in partnership with the State. The instant access fee covers the third party's costs to operate, maintain and enhance the State's computer gateway, IN.gov and eCommerce services. This is made possible through a contract administered under the authority of the Indiana Office of Technology (IOT) as designated in EDS # D20-7-0981.

**Payment via Credit Card (continued)**

NIC

Customer Information

Complete all required fields [ \* ]

Country \*

United States

First Name \*

John

Last Name \*

Doe

Company Name

Address \*

123 Test St

Address 2

City \*

Indianapolis

State \*

IN - Indiana

ZIP/Postal Code \*

55555

Phone Number \*

555-555-5555

Email \* ?

test@sample.test

Next >

Transaction Summary

Surcharge For DOI	\$6,090.00
Instant Access Fee	\$119.77
TOTAL	\$6,209.77

Need Help?

Please complete the Customer Information Section.

Enter the required Customer Information. This is how the PCF will identify you if there is an issue with your payment.

Click **Next** to continue with payment.

Payment via Credit Card (continued)

Payment Information

Complete all required fields [ \* ]

Credit Card Number \*

Credit Card Type

Expiration Month \*

Expiration Year \*

Security Code \*

Name on Credit Card \*

☒ Payment Address is the same as Customer Information \*

Next >

Cancel

Need Help?

You have selected to pay by credit card.  
Complete Customer Billing Information and enter  
Credit Card Information.

Enter your credit card information (Visa or Mastercard only).

If the Payment Address is different from the Customer Information you entered, uncheck the blue box and enter Payment Address or your payment may fail.

Click **Next** to continue with payment.

Payment via Credit Card (continued)

Payment

Payment Type

Credit/Debit Card

Customer Information

Address

John Doe  
123 Test St  
Indianapolis, IN 55555

Phone Number

555-555-5555

Country

United States

Email Address

test@sample.test

Payment Information

Credit Card

Visa \*\*\*\*1111  
Exp. 01/2027

Name on Credit Card

John Doe

Cancel

Submit Payment

Transaction Summary

Surcharge For DOI

\$6,090.00

Instant Access Fee

\$119.77

TOTAL

\$6,209.77

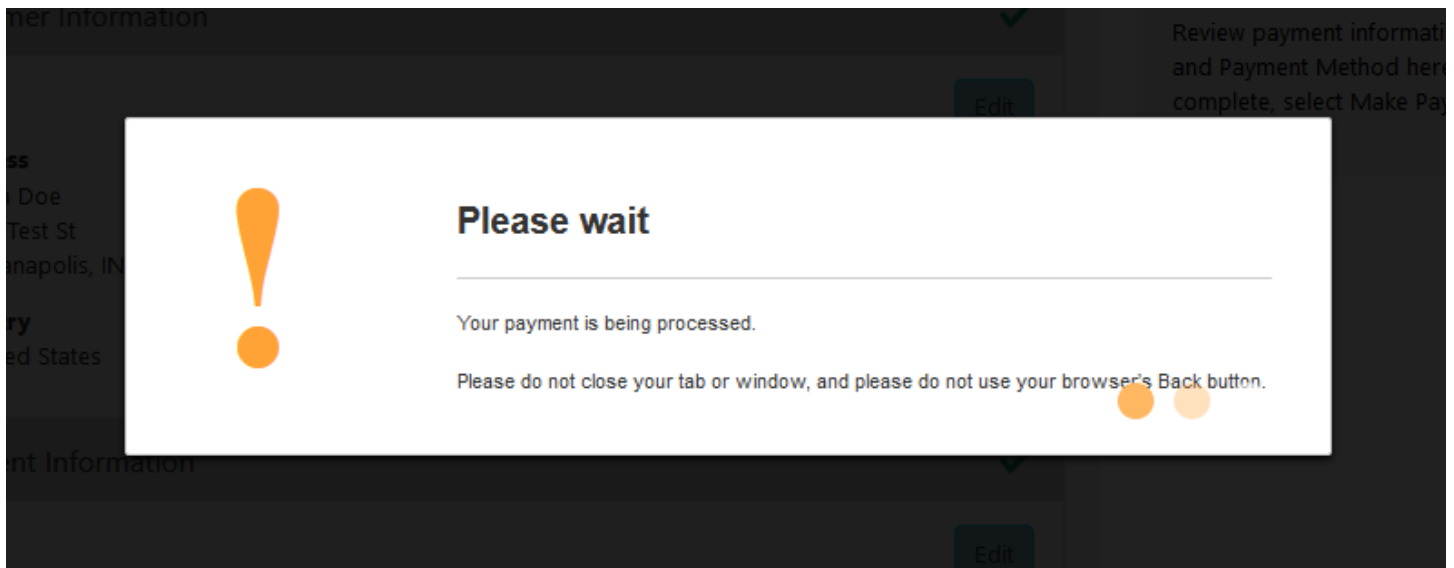
Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

Verify that the Customer Information, Payment Information, and Business Address (if different from Customer Information) are correct.

Click **Submit Payment** to continue.

## Payment via Credit Card *(continued)*



A 'Please wait' message may be displayed for several moments while your payment is being processed. Please do not close your tab or window, and please do not use your browser's Back button.

*(continued on next page)*



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Indiana Department of Insurance

Electronic Filings

Checkout

[< Back To Dashboard](#) | [Log Off](#)

Step 1

Step 2

Step 3

✓

SUCCESS!

Your payment was successful at 6/27/2024 02:46:57 PM EDT .

Print Confirmation

Payment Order Number / Payment Id

71527124

Submitted Billing Information

Name

John Doe

Address

123 TEST ST

City

INDIANAPOLIS

State or Province

Indiana

Zip Code

55555

Phone

5555555555

Email Address

test@sample.test

Submitted Payment Information

Card Type

VISA

Card Number

XXXX-XXXX-XXXX-1111

Expiration Date

01/2027

Receipt For Purchase

Total Price \$6,209.77

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If your payment is successful, a message will be displayed informing you that your payment was successful. The time for processing may vary depending upon the number of certificates that were included in the payment. You will receive an email with the Payment ID.

Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

Payment via Electronic Check

1

Payment Type

2

Customer Info

3

Payment Information

4

Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
IDOI_Cert	Surcharge For DOI	\$6,090.00	1	\$6,090.00
TPEFEE-ia-fee	Instant Access Fee	\$0.00	1	\$0.00
Total				\$6,090.00

Transaction Summary

Surcharge For DOI	\$6,090.00
Instant Access Fee	\$0.00
<b>TOTAL</b>	<b>\$6,090.00</b>

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type

Electronic Check

☐ Select if this payment IS being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction ("[IAT](#)").

Next >

Check the box if this payment is being funded by a foreign bank or company; hover over “IAT” for more information.

Click **Next** to continue with payment.

**Payment via Electronic Check (continued)**

NIC

Customer Information

Complete all required fields [ \* ]

Country \*

United States

First Name \*

John

Last Name \*

Doe

Company Name

Address \*

123 Test St

Address 2

City \*

Indianapolis

State \*

IN - Indiana

ZIP/Postal Code \*

55555

Phone Number \*

555-555-5555

Email ?

test@sample.test

Next >

Transaction Summary

Surcharge For DOI	\$6,090.00
Instant Access Fee	\$0.00
TOTAL	\$6,090.00

Need Help?

Please complete the Customer Information Section.

Enter the required Customer Information. This is how the PCF will identify you if there is an issue with your payment.

Click **Next** to continue with payment.

Payment via Electronic Check (continued)

Payment Information

Complete all required fields [ \* ]

Name on Account \*

☐ This is a business account.

Routing Number \*

Account Number \* ?

Pay

012345678

Routing Number

01234567890

Account Number

Re-enter Account Number. \*

☒ Checking

☐ Savings

☒ Payment Address is the same as Customer Information \*

Next >

Surcharge For DOI	\$6,090.00
Instant Access Fee	\$0.00
<b>TOTAL</b>	<b>\$6,090.00</b>

Need Help?

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

Enter the required payment information.

If the Payment Address is different from the Customer Information you entered, uncheck the blue box and enter Payment Address or your payment may fail.

Click **Next** to continue with payment.

## Payment via Electronic Check (*continued*)

Customer Information

Address

John Doe  
123 Test St  
Indianapolis, IN 55555

Phone Number

555-555-5555

Country

United States

Email Address

test@sample.test

Edit

Payment Information

Electronic Check

\*\*\*\*6789

Name on Account

John Doe

Edit

Terms and Conditions

Open a new window to print

7. I understand the Originating ID for this transaction is "Not Applicable". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

8. I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing 's state.

☒ Yes, I authorize this transaction.

Cancel

Submit Payment

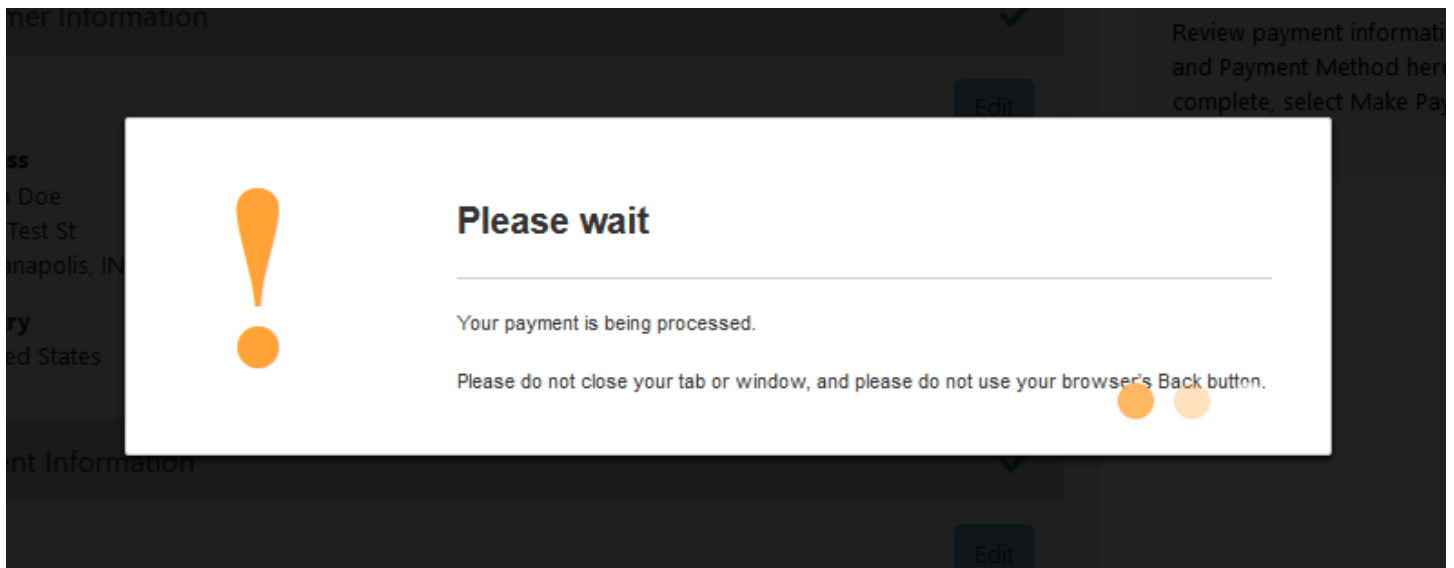
### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

Verify that the Customer Information, Payment Information, and Business Address (if different from Customer Information) are correct.

Read the terms and conditions, scroll to the end, select the check box, and click **Submit Payment** to continue.

## Payment via Electronic Check *(continued)*



A 'Please wait' message may be displayed for several moments while your payment is being processed. Please do not close your tab or window, and please do not use your browser's Back button.

*(continued on next page)*

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Indiana Department of Insurance

Electronic Filings

Checkout

[< Back To Dashboard](#) | [Log Off](#)

✓

SUCCESS!

Your payment was successful at 6/27/2024 02:21:04 PM EDT .

Print Confirmation

Payment Order Number / Payment Id

71526874

Submitted Billing Information

Name

John Doe

Address

123 TEST ST

City

INDIANAPOLIS

State or Province

Indiana

Zip Code

55555

Phone

5555555555

Email Address

test@sample.test

Submitted Payment Information

eCheck Account Number

\*\*\*\*\* 6789

Receipt For Purchase


Total Price \$6,090.00

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If your payment is successful, a message will be displayed informing you that your payment was successful. The time for processing may vary depending upon the number of certificates that were included in the payment. You will receive an email with the Payment ID.

Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

## Payment Errors



Name on Account

John Doe ✓

☐ This is a business account.

Routing Number \*

000000000

Bank Name not available.

Account Number \*

123456789 ✓

Re-enter Account Number. \*

123456789 ✓

☒ Checking ☐ Savings

☒ Payment Address is the same as Customer Information \*

Next >

### Transaction Summary

Surcharge For DOI	\$3,956.00
Instant Access Fee	\$0.00
<b>TOTAL</b>	<b>\$3,956.00</b>

### Need Help?

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

You may receive an error message if you have entered an incorrect routing number for an eCheck or an incorrect account number for a credit card. Please verify the information and try to make your payment again. If you continue to have problems entering your payment information, please check with your financial institution.



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Log Off

Dashboard

Submit a Certificate

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

Continue >

Admin Management

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

Continue >

Make Payments

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

Continue >

Search Payments

Search for pending payments.

Continue >

View Previous Filings

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

Continue >

Credits and Reports

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

Continue >

From the Dashboard, click **Continue >** under **Search Payments**.

## Search Payments (continued)

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Search Payments

[< Back To Dashboard](#) | [Log Off](#)

Payment ID

Or

Create Date Start

Create Date End

Search

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Search using the Payment ID to retrieve the confirmation number(s) of each certificate included in the payment. Use the confirmation numbers displayed to view or print Confirmation Letters at [IndianaPCF.com](http://IndianaPCF.com).

Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

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Log Off

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

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Click **Continue >** under **View Previous Filings** on the Dashboard to proceed.

## View Previous Filings (continued)

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View Previous Filings

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Certificate Confirmation Number

Provider Name


Policy Number

Submission Date Range

From



To



Coverage Dates

From



To



< Back

Submit

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You may search for a previously submitted certificate by entering information into any of the search fields. The **Certificate Confirmation Number** is the preferred search method; this number was assigned with the Payment ID provided via email when the certificate was submitted.

Click **Submit** to proceed.

## View Previous Filings (continued)

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View Previous Filings

[Back To Dashboard](#) | [Log Off](#)

Show 25 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	Options
<input type="checkbox"/>	2/1/2019 - 2/1/2020	George Washington	SL Tests	\$750.00	\$0.00	Amendment	IDOI	<a href="#">View</a>
<input type="checkbox"/>	7/1/2024 - 7/1/2025	George Washington	Test	\$6,090.00	\$0.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	7/1/2024 - 7/1/2025	George Washington	Test	\$0.00	\$0.00	Amendment	IDOI	<a href="#">View</a>
<input type="checkbox"/>	4/1/2018 - 4/1/2019	George Washington	Test 2nd Policy	\$100.00	\$0.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	1/1/2018 - 1/1/2019	George Washington	test demo	\$560.00	\$168.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	3/1/2020 - 3/1/2021	George Washington	Test license change from	\$5,940.00	\$0.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	9/1/2018 - 9/1/2019	George Washington	test penalty	\$100.00	\$60.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	3/6/2020 - 8/15/2020	George Washington	TESTISO80994	\$2,636.00	\$0.00	New Filing	IDOI	<a href="#">View</a>
<input type="checkbox"/>	3/6/2020 - 9/15/2020	George Washington	TESTISO80994	\$505.00	\$0.00	Amendment	IDOI	<a href="#">View</a>

Showing 26 to 34 of 34 entries

First

Previous

1

2

Next

Last

< Back

Select All

Export to PDF

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The previously submitted certificate(s) will appear based on your search parameters. You may sort by any of the header fields by clicking once.

Click **View** to view more information.

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Log Off

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)

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Click **Continue >** under **Credits and Reports** on the Dashboard to proceed.

## View Credits and Reports (continued)

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Credits and Reports

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Credit Report

The maximum date range allowed is 365 days.


Search Start Date

7/1/2023

Search End Date

06/28/2024

Search



Export to Excel

The Total Credit Available is \$596,810,750.00

Credit use for time period selected (\$30,570.00)

Credit Details Report

Show 10 entries

Trans. ID	Provider Name	Policy #	Date of Transaction	User	Credit Amount	Notes	Credit Balance
563	N/A	N/A	9/21/2023 11:09:41 AM	Meghann Leaird	(\$4,090.00)		(\$29,527.00)
561	N/A	N/A	9/5/2023 8:48:32 AM	Meghann Leaird	(\$3,873.00)		(\$26,386.00)
1487733	Meghann Testfive	Test AA	9/5/2023 8:55:10 AM		\$899.00		(\$25,487.00)
1487734	Mow Test Org	Test AA	9/5/2023 8:55:10 AM		\$50.00		(\$25,437.00)

Showing 21 to 24 of 24 entries

First Previous 1 2 3 Next Last

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Your available credits will be shown on this page. You may use some or all of this amount when making payments during the Checkout Process.

You may run a report to view credits received and used during the selected time period. The maximum date range allowed is 365 days. You have the option to export the report to Excel.

Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

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Log Off

**Submit a Certificate**

This feature allows you to submit New/Renewal Certificate(s), Amended Certificate(s), and Cancellation Certificate(s).

[Continue >](#)

**Admin Management**

This feature allows you to manage user accounts, billing information and maintain authorized signatures for your account.

[Continue >](#)

**Make Payments**

Make payment allows for the payment of surcharge and penalties. You may also view the tier pricing structure.

[Continue >](#)

**View Previous Filings**

This feature allows you to view previous filings by entering the confirmation number received at initial filing, policy number, submission date range, or coverage dates.

[Continue >](#)

**Credits and Reports**

This feature allows you to view available carrier credit balance. You may also view a list of specific health care provider(s) credit balance that contributes to the total carrier balance.

[Continue >](#)


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Click **Continue >** under **Admin Management** on the Dashboard to proceed.



# Admin Management








 Search Users

 New User

 Authorized Signature

 Billing Information

Search Results

Last Name, First Name	User Role	Username	Date Added		
Last Name, First Name	User Role	Username	01/02/2013	<a href="#">View</a>	
Last Name, First Name	User Role	Username	07/08/2022	<a href="#">View</a>	
Last Name, First Name	User Role	Username	01/30/2018	<a href="#">View</a>	
Last Name, First Name	User Role	Username	11/01/2017	<a href="#">View</a>	
Last Name, First Name	User Role	Username	03/24/2020	<a href="#">View</a>	
Last Name, First Name	User Role	Username	01/12/2023	<a href="#">View</a>	
Last Name, First Name	User Role	Username	03/04/2020	<a href="#">View</a>	

Showing 1 to 7 of 7 entries

FirstPrevious1NextLast

Admin Management allows the designated user(s) to manage all other users for the account. You may add, view, or delete users, or edit current users and billing information.

Click [< Back to Dashboard](#) to keep working or [Log Off](#) to end your session.

## **APPENDIX A: Updating License Numbers**

- [Individual Providers](#)
- [Hospitals](#)
- [Nursing Homes](#)

**WARNING:** Ensure all active D.B.A.s and updated license numbers are highlighted before clicking **Continue**.

## **APPENDIX B: Adding, Updating, and Removing D.B.A.s**

- [Physicians](#)
- [Hospitals](#)
- [Nursing Homes](#)

**WARNING:** Ensure all active D.B.A.s and updated license numbers are highlighted before clicking **Continue**.

## **APPENDIX C: Appeal Letters**

Pursuant to I.C. 34-18-3-5, the Department may approve a certificate received between 91 and 180 days late. Filers **MUST** submit an appeal letter to [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov) immediately after entering a late certificate. If you have multiple providers on the same policy with late certificates under the same circumstances, you may include them in a single letter.

**Producers:** The appeal letter must be written on your agency's letterhead, include the date, and be signed by the Producer who wrote the business. The appeal letter must also list the Producer's email address and Indiana license number.

**Carriers:** The appeal letter must be written on your company's letterhead, include the date, and contain a statement explaining how the business was placed. The appeal letter must also be signed by the responsible employee and must include their title and email address.

The appeal letter must also include:

1. **Provider's Name(s) and Provider ID number(s)**
2. **Policy period:** If you are appealing coverage beyond 180 days, please include both policy periods (i.e., the start and end date of the coverage that is within 180 days, and the start and end date of the period that exceeds 180 days). In such cases, PCF Staff will first evaluate the coverage period between 90 and 180 days pursuant to IC 34-18-3-5, and if approved, you must request your appeal be forwarded for review of the period beyond 180 days. Separate determinations will be made.
3. **Detailed explanation:** Clearly state the reason for the late submission, indicating whether the lateness is due to the carrier or producer, and include an attestation to its accuracy. If the untimely filing was due to actions by the producer, please provide the name and Indiana license number of the producer responsible.
4. **Attestation regarding surcharge:** Confirm that the required premium and PCF surcharge have been received and specify the payment date. If another entity collected the surcharge, please contact them for this information. If the employer or group is responsible for the payment, include the name of that entity. If the surcharge has not been paid, please provide an explanation.
5. **Claims information:** Attest that there are no known claims or provide a brief synopsis of any known or anticipated claims, specifying which entities are impacted, whether those claims have been filed with the PCF, and include the relevant PCF claim number(s) if applicable.

### **Please note:**

- A certificate is not considered "filed" until surcharge and any applicable penalties have been paid to the PCF.
- PCF Staff will also determine whether to forward the names of the carrier or producer to the Department's Enforcement Division.
- All PCF certificates must be reviewed and, if approved, paid by you within ten (10) business days from the submission date.
- **Do not** wait to pay for an approved certificate while the period beyond 180 days is under review (if applicable).