



Keystone Connection



INTRODUCING RenuXpress™

Say goodbye to tedious, 30-page applications for insurance renewals

Most ordinary companies insist that policyholders laboriously complete page-after-page, line-after-line, of practice information that rarely changes.

At Keystone Mutual, we value your time and have developed an innovative, one-step, renewal program called RenuXpress™.

Keystone renewals have been streamlined -- the main component is your signature and notations that have bearing on underwriting.

A burdensome renewal process that formerly required hours to complete now takes minutes.

KEYSTONE CAPITAL™ PAYS CASH AT RETIREMENT

Keystone policyholders earn cash for retirement, death or disability

Keystone Mutual Insurance Company is the first Missouri-based professional liability insurance company to provide cash rewards to loyal policyholders in good standing upon retirement, death or medical disability.

"Keystone Capital™ is an idea whose time has come," said James R. Bowlin, Keystone's founder and chief executive officer. "There may be three med-mal companies in the entire United States that offer policyholders this extraordinary advantage. Keystone is one of them."

Keystone Capital™ provides policyholders with a lump sum upon retirement at age 55, death or disability. The funds will be set aside periodically by the board of directors, provided the policyholder retains his or her policy with Keystone Mutual and is in good standing.

"The thought behind Keystone Capital™ is better risk management," Bowlin said. "Loyal policyholders who are serious about risk management will be rewarded. It's that simple."

Keystone Mutual, backed by A+ rated reinsurers, including Lloyd's of London, offers highly competitive rates for professional liability insurance to select, low-risk, Missouri physicians.

For Information about Keystone Capital™ and Keystone Mutual, please visit keystonemutual.com or call 866-212-2424.

Second Opinion

Be Wary of Transfer Cases and Second Opinions

It is not uncommon for patients to move from one doctor to the next for multiple reasons, but especially as a result of a second opinion.

Such a circumstance presents numerous risks. Most of these potential problems arise from two facts: less control when someone else has already established a treatment plan; and not knowing all the facts available to the previous physician. Prudent risk management requires steps to mitigate risks. Suggestions:

Get the Facts. Obtain all of the facts concerning the patient's prior treatment. If the patient agrees, it may also be advisable to discuss the matter with the prior physician.

Stick to the Facts. It is commonly known in medical-legal circles that the vast majority of medical malpractice claims have their beginning with subsequent treating physicians. Be cautious about how opinions are expressed.

It is one thing to say, "I can see how the approach taken may have been selected, but I would not have elected that," and quite another to say, "I would never have done it that way!"

Some practitioners do not realize that, if such criticism results in a claim against earlier doctors, the then-treating physician is also placing him or herself at risk. At a minimum, the current doctor will inevitably be drawn into an extensive and time-consuming claim process that will place him at odds with his fellow colleagues.

Document the Facts. Because being the second opinion or accepting a transfer case is generally inherently more risky than had treatment began with the second doctor, the typical need to document the chart is heightened.

Each and every fact, whether significant or somewhat immaterial, should be documented. This is particularly the case if a disagreement exists between the patient and prior treating physician and the patient appears litigious.

Keep the Facts to Yourself. In instances where the patient has sought subsequent treatment as the result of a second opinion or disagreement with an earlier doctor in the chain, the patient may divulge facts concerning that relationship. These matters may or may not be directly associated with the patient's physical condition.

To the extent they are not, it is possible that they are not within the scope of the confidentiality obligations of the doctor/patient relationship. Nevertheless, the temptation to discuss those extraneous matters with anyone, including the prior treating physician, should be avoided.

It is likely the patient may learn of the disclosure of any such matters and/or that the prior treating physician may seek to ameliorate the situation by taking actions that only result in inflaming the situation. Thus, regardless of well-meaning intent, any such discussion or disclosure of peripheral, non-treatment related issues, should be avoided, particularly with regard to the previous doctor.

Second opinion and transfer cases present their own unique issues, which can become problematic. While those risks cannot be fully mitigated, following these rules can substantially ameliorate the potential problems.