



# Indiana Department of Insurance Patient's Compensation Fund

---

311 W. Washington Street, Suite 103

Indianapolis, IN 46204

[PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov)

(317) 232-5065

# **CERTIFICATE OF INSURANCE ELECTRONIC FILING PROCEDURES**



**Table of Contents**

Home Page ..... 5

User Roles and Permissions..... 6

    Carrier Admin ..... 6

    Carrier Payer ..... 6

    Carrier Filer ..... 6

    Producer..... 6

Create a New Account ..... 7

    Insurance Carrier ..... 7

    Insurance Producer ..... 8

    Account Set Up ..... 9

    Subscriptions and Tier Pricing Structure..... 12

Submit a Certificate ..... 13

    File a New / Renewal Certificate ..... 14

    All Other Types (Physicians, Ancillary Providers, and Independent Ancillary Providers) ..... 16

    Hospitals..... 21

    Nursing Homes..... 28

    Verify Information (All Provider Types) ..... 35

File an Amended / Cancellation Certificate..... 37

    Search for Certificate ..... 37

    File an Amended Certificate..... 41

    File a Cancellation Certificate ..... 48

Payments ..... 50

    Manage Certificates (Add Selected Filings to Payer Queue) ..... 50

    Make Payments..... 52

    Checkout Process ..... 54

    Payment via Credit Card ..... 57

    Payment via Electronic Check ..... 63

    Payment Errors ..... 69

    Search Payments..... 70

View Previous Filings ..... 72

View Credits and Reports..... 75

Admin Management ..... 77

APPENDIX A: Updating License Numbers ..... 79

APPENDIX B: Adding, Updating, and Removing D.B.A.s ..... 80

APPENDIX C: Appeal Letters ..... 81



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**

**Continue**

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

**IN.gov** Indiana Department of  
**Insurance**

Electronic Filings

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

## Create A New Carrier Admin Account

---

*\* All Fields Are Required.*

NAIC Code

Carrier Name

**Continue**

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

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.

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

The screenshot shows a web form titled "Create A New Producer Account" within the "Electronic Filings" section of the IN.gov website. The header includes the IN.gov logo and the Indiana Department of Insurance. A navigation bar at the top right contains links for "Back To Dashboard" and "Log Off". The form itself has a title "Create A New Producer Account" and a note that "\* All Fields Are Required." Below this, there are two input fields: "Last Name" and "License Number". A red "Continue" button is positioned below the "License Number" field. At the bottom of the page, there is a footer with the text "IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60".

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

Click **Continue** to proceed with registration.

**Note:** 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.



## Create A New Account

\* 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 20 letters and/or numbers.

*(continued on next page)*

## Account Set Up *(continued)*

<b>Username</b>	<input type="text"/>	
<b>Password</b>	<input type="password"/>	
<b>Confirm Password</b>	<input type="password"/>	<b>Password Requirements</b>
<b>Billing Information</b>		<ul style="list-style-type: none"><li>• Minimum 8 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>
<b>Country</b>	<input type="text" value="United States"/>	

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

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

The maximum number of allowed characters is 10.

*(continued on next page)*

## Account Set Up (continued)

Confirm Password	<input type="text"/>	<b>Password Requirements</b> <ul style="list-style-type: none"><li>• Minimum 12 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>
<b>Billing Information</b>		
Country	<input type="text" value="United States"/>	
Address	<input type="text"/> <input type="text"/>	
City	<input type="text"/>	
State	<input type="text" value="Indiana"/>	
Zip Code	<input type="text"/> - <input type="text"/>	
Phone	1 - ( <input type="text"/> ) <input type="text"/> <input type="text"/> x <input type="text"/>	
<b>Account Security</b>		
Security Question	<input type="text" value="-- Select Question --"/>	
Security Answer	<input type="text"/>	
<input type="button" value="Continue"/>		

IN.gov Home | Indiana Department of Insurance Home | v 1.14.9.0

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

**IN.gov** Indiana Department of Insurance

**Electronic Filings**

---

[Log Off](#)

### Dashboard

---

#### 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 >](#)

---

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

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

**IN.gov** Indiana Department of Insurance

---

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

## Manage Certificates

Search Certificates  File a New / Renewal PCF Certificate  File an Amended / Cancellation Certificate

Show  entries

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

Showing 0 to 0 of 0 entries

---

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.53

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

**File a New / Renewal Certificate (continued)**

IN.gov Indiana Department of Insurance

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

## File a New / Renewal PCF Certificate

*\* 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. Your request should be completed within two business days.

Click **Continue** to proceed with filing.

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

**IN.gov** Indiana Department of Insurance

Electronic Filings

[< 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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. field.

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, including middle name or initial if applicable.

*(continued on next page)*



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

Health Care Provider Name

---

D.B.A.

---

Address   
  
  
Indiana   
United States

---

Insurance Carrier Name

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

NAIC Code

Insurer Code AA-

Alien Insurers

Syndicate

Percent of Risk %

Provider ID 156834

Medical License Number(s)

Policy Number  Policy number for Self Insured hospitals **MUST** be only SI.

Type of Policy

Occurrence

Claims Made

Reporting Endors

Retro Date:

Coverage Dates From

To

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*)

Reporting Endors

Type of Policy

Retro Date:

---

Coverage Dates

From

To

---

Date Surcharge Received From The Provider

---

Limits of Liability

Per Occurrence

Annual Aggregate

---

Premium Amount

IN.gov Home | Indiana Department of Insurance Home | v 1.13.33.0

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' form on the IN.gov website. The form is titled 'File a New / Renewal PCF Certificate' and includes a navigation bar with 'IN.gov' and 'Indiana Department of Insurance'. The form is divided into several sections: 'Proration', 'Credits', and 'Part Time Credits'. The 'Proration' section has radio buttons for 'Pro-Rated', '2nd Policy', 'Locum', and 'None' (selected). The 'Credits' section has radio buttons for 'Medical School Faculty' (67%), '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, selected). The 'Part Time Credits' section is also present. A modal dialog box is open, displaying the URL 'test.secure.in.gov' and the text 'Please verify whether this is a Pro-Rated or Locum Tenen policy.' with an 'OK' button. The form also includes a '< Back' button and a 'Continue' button.

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.

IN.govIndiana Department of Insurance

Electronic Filings

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

## File a New / Renewal PCF Certificate

*\*Required Field*

### Certificate Information

**Provider Type** Hospital ?

---

**ISO Code**  ?

**Health Care Provider Name**  ?

**D.B.A.**?

---

**Address**   
  
  
Indiana v  
  
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 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**

**NAIC Code**

**Insurer Code** AA-  ?

**Alien Insurers**

**Syndicate**

**Percent of Risk**  %

**Provider ID** 156832 ?

**Medical License Number(s)**

**Policy Number**  Policy number for Self Insured hospitals **MUST** be only **SI**.

**Type of Policy**

Occurrence ?

Claims Made

Reporting Endors

**Retro Date:**

**Scope Of**  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 <http://www.in.gov/isdh/reports/QAMIS/hosdir/wdirhos.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 configuring hospital coverage. At the top, there is a 'Retro Date' field with a calendar icon. Below this, the 'Scope Of Coverage' section has two radio buttons: 'Excluding Employees' (selected) and 'Including Employees'. The 'Coverage Dates' section has 'From' and 'To' date pickers. The 'Date Surcharge Received From The Provider' section has a date picker. The 'Limits of Liability' section has two input fields: 'Per Occurrence' with the value '500000.00' and 'Annual Aggregate' with the value '10000000.00'. The 'Premium Amount' section has an empty input field. At the bottom, there are '< Back' and 'Continue' buttons. A footer at the bottom of the form reads '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.

**IN.gov** Indiana Department of Insurance

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

## 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*

### 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](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.13.33.0

(continued on next page)



Hospitals (continued)

<b>Hospital Exposure</b>			
<b>Provide # of Beds</b>			
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
<b># of Visits ?</b>			
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
<b>Provide # of Surgeries / Births ?</b>			
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
<b>Subtotal (A)</b>			<b>\$0.00</b>

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
<b>Full-Time</b>	\$2,130.00	\$0.00	

Physician First Name

Physician Last Name



Add Physician

Remove Selected

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

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)

	<b>Sub Total B</b>	<b>\$0.00</b>
	<b>Total of A &amp; B</b>	<b>\$0.00</b>
<input type="radio"/>	<b>Lack of Risk Mangement Program</b> 10 % Penalty x Total of A & B	
<input type="radio"/>	<b>Hospital with &gt; 500 Beds</b> 3% Multiplier of Total A & B	
<b>Credits</b>	<i>You may select only one credit.</i>	
<b>Proration</b>	<input type="radio"/> Pro-Rated	
	<input type="radio"/> 2nd Policy	
	<input checked="" type="radio"/> None	
	<b>Total Surcharge Due</b>	<b>\$0.00</b>

[< Back](#) [Calculate Surcharges](#)

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

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.

IN.gov
Indiana Department of Insurance

---

Electronic Filings

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

## File a New / Renewal PCF Certificate

*\* Required Field*

### Certificate Information

**Provider Type** Nursing Home ?

**ISO Code**  ?

**Health Care Provider Name**  ?

**D.B.A.**  ?

---

**Address**

v

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)

NAIC Code

Insurer Code AA-  ?

Alien Insurers

Syndicate

Percent of Risk  %

Provider ID 156843 ?

Medical License Number(s)

Policy Number  Policy number for Self Insured hospitals **MUST** be only **SI**. ?

Type of Policy  Occurrence  Claims Made  Reporting Endors ?

Scope Of  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 <http://in.gov/isdh/reports/QAMIS/ltcdir/wdir/rtc.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>
<input type="button" value=" &lt; Back"/>		<input type="button" value=" Continue"/>

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 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.

**IN.gov** Indiana Department of Insurance

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

## 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

**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**

[< Back](#) [Calculate Surcharges](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.13.33.0

(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
<b>Full-Time</b>	\$2,130.00	\$0.00	 -









Physician First Name

Physician Last Name



Add Physician

Remove Selected

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

	<b>Sub Total B</b>	<b>\$0.00</b>
	<b>Total of A &amp; B</b>	<b>\$0.00</b>

**Lack of Risk Mangement Program** 10 % Penalty x Total

---

**Credits** *You may select only one credit.*

**Proration**

Pro-Rated  
 2nd Policy  
 None

---

	<b>Total Surcharge Due</b>	<b>\$0.00</b>
--	----------------------------	---------------

[< Back](#) [Calculate Surcharges](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.13.33.0

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)

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

## 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](#)

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

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


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

## Verify Information (All Provider Types - *continued*)

**IN.gov** Indiana Department of Insurance

Electronic Filings [← Back To Dashboard](#) | [Log Off](#)

### Manage Certificates

 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  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](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

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.

**IN.gov** 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 >](#)

**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 >](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

Click **Continue** under **Submit a Certificate** to access **Manage Certificates**.

**IN.gov** Indiana Department of Insurance

---

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

## Manage Certificates

[Search Certificates](#)      [File a New / Renewal PCF Certificate](#)      [File an Amended / Cancellation Certificate](#)

Show  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](#)

---

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.53

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

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

## Search for Certificate (continued)

**IN.gov** Indiana Department of Insurance

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

### 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  

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

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)

**IN.gov** Indiana Department of Insurance

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

### Amended Or Cancel Filings

Show  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  Next Last

[Select All](#)  Export to PDF

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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

Click the **Amend** or **Cancel** link on the right to proceed.



IN.gov
Indiana Department of Insurance

---

Electronic Filings

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

## 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"/> <span style="float: right;">▼</span>
<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, including middle name or initial if applicable;
- The full legal name of a hospital as listed on their Indiana Hospital 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-

**Alien Insurers**

**Syndicate**

**Percent of Risk** %

**Provider ID** 156834

**Medical License Number(s)**

**Policy Number**  Policy number for Self Insured hospitals **MUST** be only SI.

**Type of Policy**

Occurrence

Claims Made

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 <http://www.in.gov/isdh/reports/QAMIS/hosdir/wdirhos.htm>, and you can verify a nursing home's current license number at <http://in.gov/isdh/reports/QAMIS/lcdir/wdirhlc.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"/>

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

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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.

**IN.gov** Indiana Department of Insurance

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

## 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.

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

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.

Electronic Filings

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

## 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.
<b>Credits</b>	
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

\*Change Reason

Characters Remaining: 250

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

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

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
- Disability
- Military deployment
- Revoked or suspended license

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

Click **Continue**.

**Note:** 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

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

### Credits

None

### Cancellation Details

**\*Effective Date**

---

**Reason**  
Other

**Description of Reason**

**\*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.

[< Back](#)

[Continue](#)



## File a Cancellation Certificate (continued)

### Cancellation Details

**\*Effective Date**

**\*Change Reason**

**Reason**  
Other

- Other
- Death/Disability
- Military Deployment
- Suspended/Revoked License

Characters Remaining: 250

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

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

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: Cancellations or other 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
- Disability
- Military deployment
- Revoked or suspended license

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

Click **Continue** to proceed with filing.

**Note:** 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.**

## Payments

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

**IN.gov** Indiana Department of Insurance

Electronic Filings [Log Off](#)

---

## Dashboard

### 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 >](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

Click **Continue** under **Submit a Certificate** to access **Manage Certificates**.


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

Indiana Department of Insurance

**Electronic Filings**

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

### Manage Certificates

 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.**

Show  entries

<input type="checkbox"/>	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Last Action By	
<input type="checkbox"/>	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

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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 route 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 certificate(s) using the checkboxes on the left and click **Delete Selected**.

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

**IN.gov** Indiana Department of Insurance

Electronic Filings [Log Off](#)

---

## Dashboard

---

### 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 >](#)

---

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.76


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

## Make Payments (continued)

**IN.gov** Indiana Department of Insurance

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

### Make Payments

 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  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	<a href="#">View</a>

Showing 1 to 1 of 1 entries First Previous **1** Next Last

[Select All](#) [Pay Selected Filings](#) [Delete Selected](#)

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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 certificate(s) using the checkboxes on the left and click **Delete Selected**.

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


IN.gov Indiana Department of Insurance

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

## Verification

---

Your current payment Id is **31006**

 **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

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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**.

**IN.gov** Indiana Department of Insurance

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

## Payment

 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	<a href="#">View</a>

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](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

Your payment is due by 6:00:00 PM 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)

IN.gov Indiana Department of Insurance

Electronic Filings

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

### Checkout

**Step 1**   Step 2   Step 3

*\* Required Field*

#### Payment Information

\*Payment Type

#### Credits

**Credit Available** \$596,809,357.00

**Amount to Apply**

[Continue](#)

#### Payment Details

<b>Surcharge</b>	\$6,090.00
<b>Penalties</b>	\$0.00
<b>Item Subtotal</b>	\$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.

IN.gov Home | Indiana Department of Insurance Home | v 1.14.0.0

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

**Tip:** If the surcharge is \$0, there is returned surcharge, or you are going to pay for 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)



### 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
<b>TOTAL</b>	<b>\$6,209.77</b>

### 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 \*

Select a Month 

Expiration Year \*

Select a Year 

Security Code \* 

Name on Credit Card \*

Payment Address is the same as Customer Information \*

### 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 ✓

Edit

**Address**

John Doe  
123 Test St  
Indianapolis, IN 55555

**Phone Number**

555-555-5555

**Country**

United States

**Email Address**

test@sample.test

Payment Information ✓

Edit

**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
<b>TOTAL</b>	<b>\$6,209.77</b>

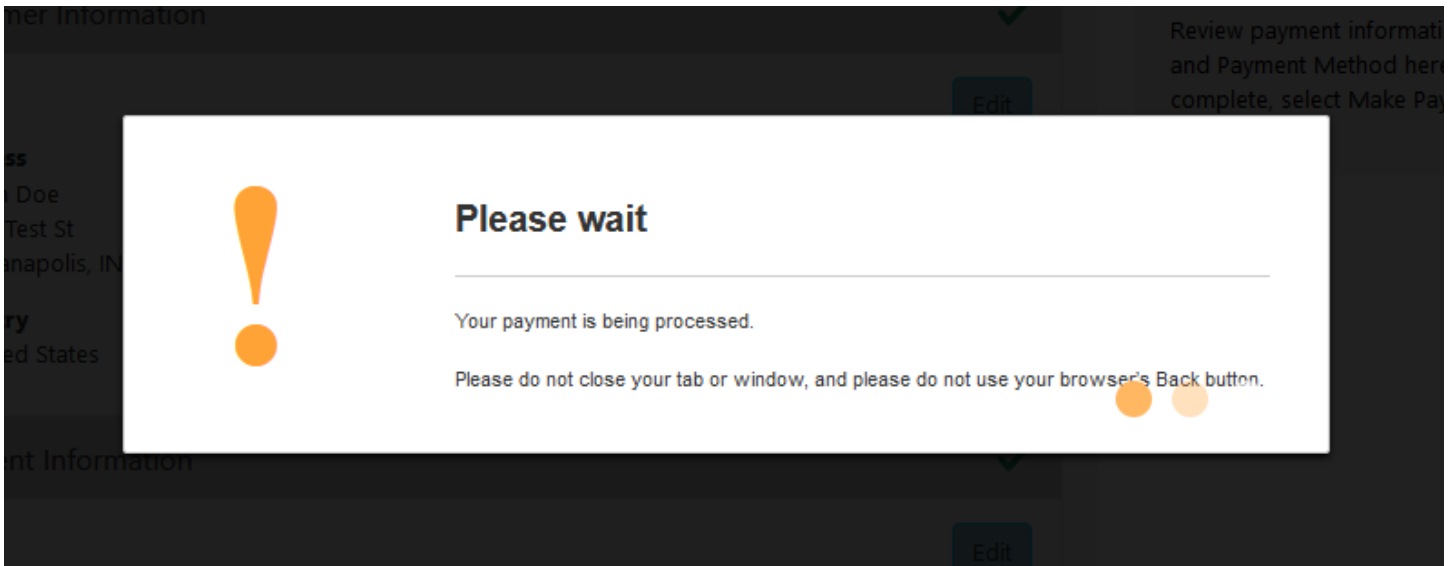
### Need Help?

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)*


**IN.gov** Indiana Department of Insurance

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

---

## Checkout

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

<b>Name</b>	John Doe
<b>Address</b>	123 TEST ST
<b>City</b>	INDIANAPOLIS
<b>State or Province</b>	Indiana
<b>Zip Code</b>	55555
<b>Phone</b>	5555555555
<b>Email Address</b>	test@sample.test

---

### Submitted Payment Information

<b>Card Type</b>	VISA
<b>Card Number</b>	XXXX-XXXX-XXXX-1111
<b>Expiration Date</b>	01/2027

---

### Receipt For Purchase

<b>Total Price</b>	\$6,209.77
--------------------	------------

---

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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)



### 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 \*

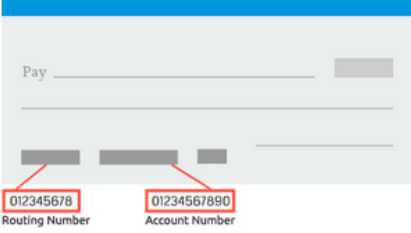
This is a business account.

Routing Number \*      Account Number \* ?

Re-enter Account Number. \*

Checking     Savings



012345678      01234567890  
Routing Number      Account Number

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](#)

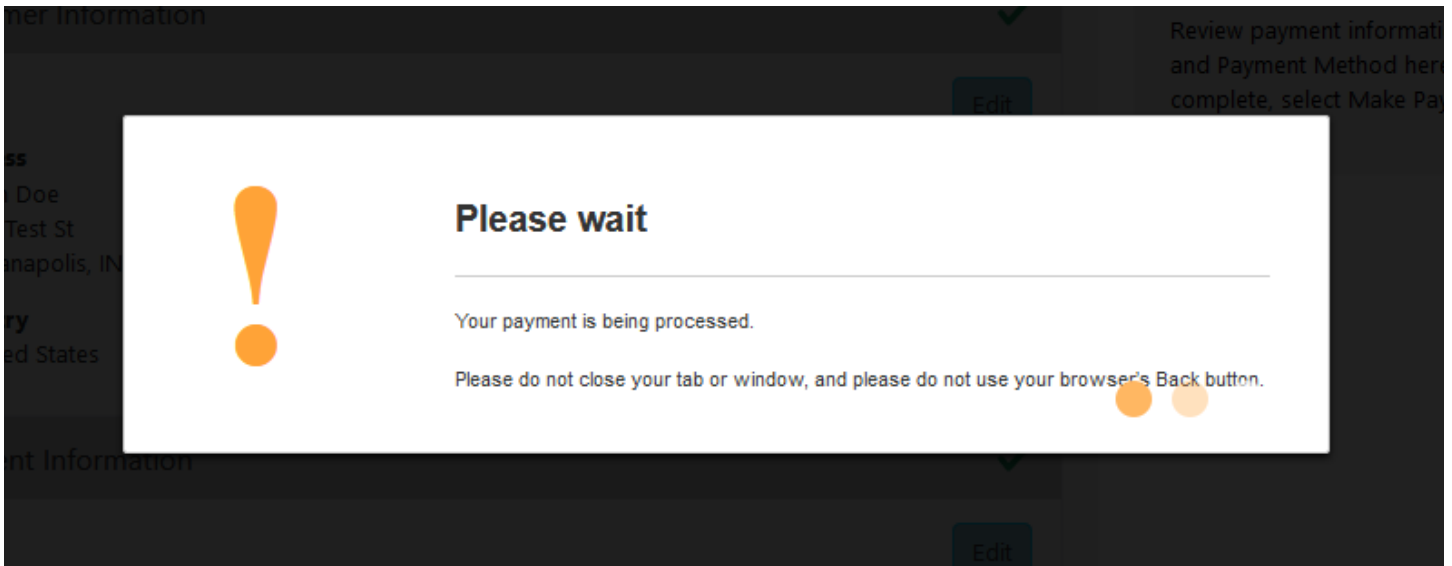
### Need Help?

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)*


**IN.gov** Indiana Department of Insurance

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

## Checkout

Step 1 Step 2 **Step 3**

 **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
-------------	------------


---

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.0.0

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 \*  Bank Name not available.

Account Number \*  ✓

Re-enter Account Number. \*  ✓

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 your payment again. If you continue to have problems entering your payment information, please check with your financial institution.

## Dashboard

### 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 >](#)

### Search Payments

Search for pending payments.

[Continue >](#)

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

## Search Payments (continued)

**IN.gov** Indiana Department of Insurance

Electronic Filings


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


### Search Payments

---

Payment ID

**Or**

Create Date Start  

Create Date End  

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.1.0

Search using the Payment ID 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.

**IN.gov** 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 >](#)

**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 >](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

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



## View Previous Filings (continued)

**IN.gov** Indiana Department of Insurance

---

**Electronic Filings**

---

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

### View Previous Filings

---

Certificate Confirmation Number

---


Provider Name


---

Policy Number

---


Submission Date Range


From  

To  

---

Coverage Dates

From  

To  

---

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.54

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)

IN.gov
Indiana Department of Insurance

---

Electronic Filings

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

## View Previous Filings

---

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**

---

IN.gov Home | Indiana Department of Insurance Home | v 1.14.1.0

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.

**IN.gov** 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 >](#)

**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 >](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

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

View Credits and Reports (continued)

IN.gov
Indiana Department of Insurance

---

Electronic Filings

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

## Credits and Reports


---

### Credit Report

The maximum date range allowed is 365 days.

Search Start Date:

Search End Date:



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

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.1.0

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.

**IN.gov** 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 >](#)

**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 >](#)


IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

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

First Previous  Next Last

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.14.1.0

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 coverage with an effective date retroactive between 90 and 180 days prior to the certificate filed date. A certificate is not considered "filed" until payment has been made to the PCF. You will need to submit an Appeal letter for the late filing(s) to: [PCF-COI@idoi.IN.gov](mailto:PCF-COI@idoi.IN.gov).

Our review may result in a referral to the Department's Enforcement Division for investigation.

The appeal must be on your company's letterhead, dated, and be signed by the Producer that wrote the business, listing their Indiana license number and email address. If the coverage was written by the company without a Producer, the letter must include a statement explaining how the business was placed, must be signed by the responsible company employee, and must include the employee's email address. The appeal should also include:

1. Provider's Name and Provider ID number
2. Policy period being appealed. If you are appealing coverage that includes retroactivity more than 180 days, please include both policy periods (i.e., the start and end date of the coverage that is less than 180 days retroactive, and the start and end date of the period that is more than 180 days retroactive). In those cases, the Department will make a determination on the coverage period between 90 and 180 days retroactive, then forward your Appeal to the Legal Department for review of the period over 180 days retroactive. Separate determinations will be made.
3. A detailed explanation that clearly explains the reason for the late filing. If you are advising that the untimely filing was due to actions by the Agent or Producer, please provide the name of the Agent or Producer responsible.
4. Attestation that the insured provider paid the required PCF surcharge, and the date the provider paid that surcharge. If the provider remits surcharge to another entity, please contact that entity to obtain this information. If payment of the surcharge is the responsibility of the provider's employer/group, please also provide the name of the entity responsible for payment of surcharge. If the surcharge has not been paid, please include an explanation.
5. A statement that there are no known claims, or a brief synopsis of the number of claims known or anticipated, which entities are impacted, whether those claims have been filed with the PCF, and the PCF claim number(s) if applicable.

All certificates must be submitted, approved by the Department, and paid for by filers within 10 business days from the date they are submitted. Your Appeal letter must be submitted immediately after filing the certificate.