

Membership application South Africa



0800 225 677 toll free | mps@samedical.org | medicalprotection.org

Please complete all editable sections of this form electronically and return by email to the address above

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:
Block F, Castle Walk Corporate Park, Nossob Street, Erasmuskloof Ext3, Pretoria, 0181, South Africa

Section A – Membership start date and personal details

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

Title		Country of permanent residence	
First name		Address for correspondence	
Middle name(s)			
Surname		Postcode (zip or postal area)	
Maiden/previous name (if any)		Email address	
Date of birth (DD/MM/YYYY)		Home/private telephone	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Work telephone	
ID Number		Cell number	
Medical Council registration number – your application may be delayed if this is not provided			

Please list your primary qualification and any additional qualifications below

Country of study	School/place of study	Qualification	Month and year obtained

Section B – Practice overview

Specialty		IMPORTANT – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice in the box below: (eg PGZ)	
Sub-specialty			
Date of specialist registration			
Total number of hours worked per week in private practice		How many hours per week do you spend completing medicolegal reporting within your private practice?	
Total number of hours worked per week in state/government roles		What is your gross annual income from private practice (membership year)?	

IMPORTANT – For private practice please also complete Section E

Please give a summary of the work you carry out below. Use the 'additional space for answers' section at the end of this form if needed.

Section C – Previous history (Please read the important information below)

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before?
 If YES, please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed). Yes No

Organisation	From date (DD/MM/YYYY)	To date (DD/MM/YYYY)	Membership/policy number

2. Will you carry out professional practice outside of the country in which you are applying for membership? If YES, please give details of which countries and the amount of work below. Yes No

3. Will you be involved in treating or providing advice to patients outside of the country in which you are applying for membership? This includes remote consultation and prescriptions, if YES, please give details. Yes No

4. Have you at any stage practiced without professional indemnity during the last 10 years? If YES, please confirm the dates and the reasons below. Please exclude any period(s) protected by state, employer, insurer or MDO indemnity. Yes No

5. Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? If YES, please confirm the dates and reason for the gap along with any continuous professional development or refresher training. Yes No

6. Have you ever previously been refused professional indemnity or insurance, including a decline to renew, or had it withdrawn/voided? If YES, please give a summary of events, dates and reasons below. Please include copies of any relevant correspondence. Yes No

7. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity or insurance? If YES, give a summary including events, dates and reasons. Yes No

8. In the last 10 years, have you had any complaints arising out of your practice that were not resolved at a local level? If YES, please give a factual summary of the event, the extent of your involvement, the country, relevant indemnifiers and outcomes. Yes No

9. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome? If YES, please give a factual summary, your involvement, indemnifiers and outcomes. Yes No

10. Are you aware of any incident(s) or complaint that might become a claim? If YES, please give a factual summary of the event, the extent of your involvement, the country, relevant indemnifiers and outcomes. Yes No

11. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider? If YES, please give details below. Please include copies of any outcome letters/documentation with your application. Yes No

12. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body? If YES, please give details below. Please include copies of any outcome letters/documentation with your application form. Yes No

13. Are there any other issues of which MPS might need to be aware when considering your application for membership? If YES, please give details below. Yes No

14. Have you been cautioned by the police or convicted of any criminal offence? If YES, please give details below. Please do not include minor traffic offences. Yes No

IMPORTANT – If you have answered Yes to any of the above questions please complete the following giving details as outlined in the question above. Please DO NOT provide patient sensitive or confidential information such as patients name and address information

Question no.	Date	Outcome	Cost	Summary (please refer to the question above for what information is needed)

Section D – Declaration

IMPORTANT – Your personal information and data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ('Special Category Data'). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website medicalprotection.org/privacy

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT – Please read, sign and add the current date below

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances or scope of practice change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. For the purposes of the South African law and The Protection of Personal Information Act (4 of 2013), we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website medicalprotection.org/privacy

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

Section E – Private practice

Please complete the questions below giving ONLY details regarding your private practice work. Please do not include details of any work indemnified by the state. If you are 100% indemnified by the state you do not need to complete this section.

How are you employed? Please tick all that apply.

<input type="checkbox"/> Solus	<input type="checkbox"/> Salaried	<input type="checkbox"/> Academic	<input type="checkbox"/> Locum
<input type="checkbox"/> Partner	<input type="checkbox"/> Occupational medicine	<input type="checkbox"/> Associate	<input type="checkbox"/> NGO
<input type="checkbox"/> Other (please specify)			

On average how many hours per week do you spend:	0	1-10	11-20	21-40	41-60	60+
In accident and emergency in a trauma/casualty unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing locum work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repatriation of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative medicine (please note this is not covered within MPS membership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1-50	51-100	101-150	151-200	201-250	250+
How many private patients in total do you consult per week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the average number of procedures you perform PER WEEK for the following:	0	1-5	6-14	15-25	26-50	50+
General anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumcision / Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many patients do you treat annually that have:	0	1-14	15-50	51-100	100+
Been referred to you by a commercial organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelled from outside South Africa specifically for your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how many of the below procedures you completed in the previous membership year and how many you expect to complete in the coming membership year:	Not applicable	Volume last 12 months	Volume next 12 months
Deliveries	<input type="checkbox"/>		
Spinal surgery	<input type="checkbox"/>		
Refractive laser surgery	<input type="checkbox"/>		
Cosmetic/aesthetic treatments	<input type="checkbox"/>		

What percentage of your gross annual income do you derive from Botox, non-permanent fillers and superficial epidermal chemical facial peel procedures?	
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Please indicate the number of partners, associates, locums and nurses in your private practice with the following indemnity arrangements in place:							
	MPS indemnity	Other indemnity	No indemnity		MPS indemnity	Other indemnity	No indemnity
Partners				Nurses			
Associates				Nurse Practitioners			
Locums				Others			

What percentage of your time is spent providing private obstetric services (including ultrasound) beyond ante-natal care after 24 weeks gestation?	
To how many patients per week do you provide private obstetric services (including ultrasound) beyond ante-natal care after 24 weeks gestation?	

Are you registered as a specialist with the HPCSA or other registration authority in Southern Africa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your professional status or job changed in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

1.	<input type="checkbox"/> Personal recommendation
2.	<input type="checkbox"/> Competitive subscription rates
3.	<input type="checkbox"/> MPS membership co-ordinator, please provide their initials: <input type="text"/>
4.	<input type="checkbox"/> Group arrangement
5.	<input type="checkbox"/> Dissatisfaction with previous organisation
6.	<input type="checkbox"/> Other (please provide details) <input type="text"/>



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Additional space for answers

Please clearly indicate the question number that you are providing details for below.

With effect from 1 January 2021 to 31 December 2021

The benefits of membership are only available to members paying the appropriate subscription. It is important to appreciate that no membership category indemnifies against claims by Provincial or State patients treated or managed in Provincial or State owned, shared or managed facilities. Please ensure you are on the correct grade for the amount of hours you work per a week.

PUBLIC AUTHORITY/NON-CLAIMS INDEMNITY GRADES	GRADE
The following grades have access to the benefits of membership, excluding claims indemnity. Members on these grades must have state/employer indemnity, or have other indemnity arrangements in place at all times	
Intern No private/unindemnified practice allowed (private practice is against HPCSA regulations)	INT
Intern Yr2 No private/unindemnified practice allowed (private practice is against HPCSA regulations)	I2N
Community Medical Officer No private/unindemnified practice allowed (private practice is against HPCSA regulations)	COM
Grade 1 Medical Officer No private/unindemnified practice, no locum work	SMF
Registrar No private/unindemnified practice, no locum work	REG
Category 1 No private/unindemnified practice (including locum work and assisting), includes specialists and grade 2 & 3 medical officers	NPP

GENERAL PRACTITIONERS AND NON-SPECIALISTS IN PRIVATE/ UNINDEMNIFIED PRACTICE	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
General Practitioners spending more than 50% of their time doing work of a specialist nature, eg, more than 50% in emergency medicine must pay according to the specialist rates, see below				
Non-procedural Non Procedural GP (Consultative Office Procedures). This rate is for GPs who perform routine, minor procedures, in their own rooms, under local (if any) anaesthesia (including finger and toe blocks), eg, injections, excisions, curette cautery, cryocautery, nasal cautery and IUD insertion. Emergency Medicine in a private trauma unit, obstetric ultrasound procedures and circumcision are classified as procedural and included within the PGP subscription	PGZ	TGZ	2GZ	PQZ
Procedural GP – Includes basic pregnancy scans, see note 1 This rate is for procedures not covered by the above and normally carried out under general*/regional anaesthesia, including vasectomy or circumcision, termination of pregnancy, tonsillectomy, appendectomy Botox, non-permanent fillers, which includes Restylane, and chemical facial peels (superficial epidermal only) are included provided income from these procedures is less than 50% of gross income. If more than 50% the XGP rate applies. For all other cosmetic procedures contact SAMA *If you administer general anaesthesia, the EGP rate applies	PGP	GIN	2PG	PQP
GP including general anaesthesia This rate is for members who administer general anaesthesia, provided the member is appropriately trained and competent to undertake them.	EGP	EGT	EG2	EGQ

Cosmetic and Aesthetic medicine If income from Botox, non-permanent fillers and chemical facial peels (superficial epidermal only) is greater than 50% of gross income this rate applies. This rate is also applicable if you are undertaking any collagen injections, hair transplants without flap surgery and laser therapy (non surgical). For further details, please contact SAMA.	XGP	XGT	XGH	XGQ
GP Including detailed pregnancy scans, see note 1	FAG	FAT	FAH	AGQ
GRADE				
GP Including Intrapartum Obstetrics – Includes basic pregnancy scans, see note 1 GPs carrying out planned deliveries. Discretionary indemnity limited to R50m any one claim/in the aggregate – subject to the discretion of MPS Council				
Claims-made protection (year 1) see note 2				PGQ
Claims-made protection (year 2) see note 2				PGQ
Claims-made protection (year 3) see note 2				PGQ
Claims-made protection (year 4) see note 2				PGQ
Claims-made protection (year 5+) see note 2				PGQ
Occurrence based protection				PGO

THE GRADES BELOW ALL INCLUDE LIMITED PRIVATE PRACTICE INCOME**CATEGORY 2**

Applicable to specialists whose annual gross pre-tax income (before expenses) from private/unindemnified work will not exceed R500,000. Also applicable to non-specialist doctors (eg, medical officers and registrars) who may do work of a specialist nature and whose annual gross pre-tax income (before expenses) from private/unindemnified work will not exceed R500,000 – this should include any income from outside South Africa.

If you are a member on one of the limited income grades please be aware that if your income exceeds the R500,000 threshold as described, your membership must be changed from the first day of your current membership period. The appropriate specialist membership grade will be applied and the higher subscription charged. Please note that MPS may request sight of documentation evidencing your income from private practice in support of your membership grade. If you carry out private obstetrics or cosmetic work you must pay the appropriate subscription, see special categories.

	GRADE
Low Risk	LRH
Medium Risk – Includes radiologists carrying out basic pregnancy scans, see note 1; otorhinolaryngology	MRH
Anaesthetics	ILA
Ophthalmology – Treating/Screening retinopathy of prematurity (excluding laser refractive surgery)	OPL
High Risk Lower	LHH
High Risk	HRH
Plastic and Reconstructive Surgery	PLL
Very High Risk	VRH
Super High Risk	SRH
Neurosurgery	ILN

PAEDIATRICS (With effect from May 2018)					GRADE
High Risk Paediatrics This grade is for paediatricians whose work includes any of the following: involvement in the prenatal management of the foetus; attendance at deliveries; clinical management of newborns in the first 7 days of life in a hospital inpatient setting. Discretionary indemnity limited to R50m any one claim/in the aggregate – subject to the discretion of MPS Council					
Claims-made protection (year 1) see note 2					PAM
Claims-made protection (year 2) see note 2					PAM
Claims-made protection (year 3) see note 2					PAM
Claims-made protection (year 4) see note 2					PAM
Claims-made protection (year 5+) see note 2					PAM
Occurrence based protection					PAL
Low Risk Paediatrics Paediatricians involved in the management of babies and children after the first 7 days of life, or, in the first 7 days of life exclusively in an office-based or outpatient setting should be on the LPM grade					LPM
PRIVATE/UNINDEMNIFIED SPECIALIST PRACTICE					GRADE
Obstetrics The management of pregnancy after 24 weeks gestation. Discretionary indemnity limited to R50m any one claim/in the aggregate – subject to the discretion of MPS Council					
Claims-made protection (year 1) see note 2					MOB
Claims-made protection (year 2) see note 2					MOB
Claims-made protection (year 3) see note 2					MOB
Claims-made protection (year 4) see note 2					MOB
Claims-made protection (year 5+) see note 2					MOB
Occurrence based protection					OOB
	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week	
	GRADE	GRADE	GRADE	GRADE	
Neurosurgery	INN	TIN	2IN	IQN	
Super High Risk Orthopaedic Spinal Surgery (surgical procedures on the spine and/or meninges performed by an orthopaedic spinal surgeon)	SHS	SHT	SH2	SHQ	
Very High Risk Bariatric surgery; fertility medicine; general surgery; gynaecology; orthopaedic surgery; trauma surgery; vascular surgery	VHR	VHT	VH2	VHQ	
Plastic and Reconstructive Surgery	PLT	TLT	PLH	LTQ	
High Risk Cardiac surgery; cardiothoracic surgery; oral & maxillo-facial surgery; thoracic surgery	MHR	MHT	MH2	MHQ	
Radiology – Including detailed pregnancy scans	FAR	2AR	HAR	ARQ	
High Risk Lower Ophthalmology (including laser refractive surgery); urology	MHL	MH4	HLH	HLQ	
Anaesthetics	INA	TNA	HIN	INQ	

Medium Risk Cardiology; emergency medicine; gastroenterology; intensive care; neurology; paediatric surgery; radiologists – includes basic pregnancy scans; otorhinolaryngology, see note 1; dermatology (including cosmetic dermatology)	MMR	MMT	MM2	MMQ
Ophthalmology Treating/Screening retinopathy of prematurity (excluding laser refractive surgery)	OPR	TOP	PRH	PRQ
Low Risk All pathology; endocrinology; nuclear medicine; oncology; Ophthalmology (excluding laser refractive surgery and screening, diagnosis or paediatric treatment of ROP); physician; psychiatry; rheumatology, dermatology (excluding cosmetic dermatology)	MLR	MLT	M2L	MLK

PAEDIATRICS				GRADE
High Risk Paediatrics This grade is for paediatricians whose work includes any of the following: involvement in the prenatal management of the foetus; attendance at deliveries; clinical management of newborns in the first 7 days of life in a hospital inpatient setting. Discretionary indemnity limited to R50m any one claim/in the aggregate – subject to the discretion of MPS Council				
Claims-made protection (year 1) see note 2				PAF
Claims-made protection (year 2) see note 2				PAF
Claims-made protection (year 3) see note 2				PAF
Claims-made protection (year 4) see note 2				PAF
Claims-made protection (year 5+) see note 2				PAF
	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
Occurrence based protection	PAD	TND	2PA	PAQ
Low Risk Paediatrics Paediatricians involved in the management of babies and children after the first 7 days of life, or, in the first 7 days of life exclusively in an office-based or outpatient setting should be on the LPA grade	LPA	LPT	2LP	LPQ

SPECIAL CATEGORIES	GRADE
Non-clinical: Advisory Services Only (If you think you may qualify, please contact SAMA with details of your practice). Excludes medicolegal reporting.	NSM

IMPORTANT NOTES
The benefits of membership are only available to members paying the appropriate subscription.
Note 1 – Basic pregnancy scans are those performed in the 1st trimester and limited to the confirmation of pregnancy, its location and gestational age by measurement of crown-rump length or biparietal diameter. If you are a GP or Radiologist carrying out pregnancy scans beyond that described in Note 1, please contact SAMA and provide a detailed CV evidencing your training and experience in this area of practice. Any such requests will be individually assessed. With the exception of members paying an obstetric or gynaecology specialist rate any member considering pregnancy scanning beyond the parameters described in Note 1 should please contact SAMA.
Note 2 – Further information on claims-made protection can be found at mpsclaimsmade.org



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ASSOCIATE MEMBERS – registerable with the HPCSA or SANC	GRADE
Nurse Practitioner	NUP
Practice Nurse	PRN
Psychologist	CPS
Radiographer/Sonographer – Excludes pregnancy scans	RDP
Radiographer/Sonographer – Includes basic pregnancy scans, see note 1	FAS
Radiographer/Sonographer – Includes detailed pregnancy scans	FAZ
Speech Therapist/Audiologist	STP
Physiotherapist	PHY
Dietician	DTD
Clinical Associate	CSC

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If you are a GP or Radiologist carrying out pregnancy scans beyond that described in Note 1, please contact SAMA and provide a detailed CV evidencing your training and experience in this area of practice. Any such requests will be individually assessed.

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