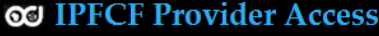



Injured Patients and Families Compensation Fund > Navigating the System

Coverage Documents

The Coverage Documents page lists all certificates of primary insurance and exemptions received for a provider. A coverage gap will be highlighted in yellow for all periods that show neither a certificate nor an exemption.



HomeSearchMy AccountPayment FindermigmooreCurrent represented entity: BEST EVER HOSPITAL

 **Provider Information**

Affiliations

Billing Statements

Correspondence

Coverage Documents

E-Payment

Financial Coverage

Financial Transactions

Noncompliance

Summary

WAYNE, BRUCE B

Address:3 MAIN ST

City/State/Zip:MADISON, WI 53704

License Number:70001

Account Number:59195

License Type:MEDICINE AND SURGERY (DO)

Coverage Documents

Policy Number	Carrier	Class Effective Date	Expiration Date	Details
BEST 3	ADMIRAL INDEMNITY COMPANY	09/15/2014	09/15/2015	Details
Coverage Gap		07/01/2014	09/15/2014	
EXEMPTION		12/31/2013	07/01/2014	Details
Coverage Gap		12/01/2013	12/31/2013	
BEST 3	ADMIRAL INDEMNITY COMPANY	09/15/2013	12/01/2013	Details


Please contact us for further information: ociipfcf@wisconsin.gov or 608-266-6830

[Disclaimer](#)

© 2013 | Office of the Commissioner of Insurance | State of Wisconsin | oci.wi.gov

More information about the certificate can be viewed by clicking on Details.

HomeSearchMy AccountPayment Findermigmoore

 **Provider Information**

Affiliations

Billing Statements

Correspondence

Coverage Documents

E-Payment

Financial Coverage

Financial Transactions

Noncompliance

Summary

WAYNE, BRUCE B

Address:3 M

City/State/Zip:MAC

Coverage Documents

Policy Number	C
BEST 3	AL
Coverage Gap	
EXEMPTION	
Coverage Gap	
BEST 3	AL

Please contact us fo

© 2013 | Office o

Coverage Details[Printable View](#)

Policy Number:	BEST 3
Effective Date:	09/15/2014
Class Effective Date:	09/15/2014
Expiration Date:	09/15/2015
Provider Type:	PHYSICIAN AND SURGEON
ISO Code:	SURGERY-OB/GYN
Retro Date:	09/15/2013
Received Date:	09/20/2014
Termination Date:	
Policy Type:	OCCURRENCE INSURANCE
Tail:	
Carrier:	ADMIRAL INDEMNITY COMPANY
Occurrence Limit:	1000000
Aggregate Limit:	3000000

Expiration Date

Details

09/15/2015

[Details](#)

09/15/2014

07/01/2014

[Details](#)

12/31/2013

[Details](#)

12/01/2013

[Details](#)

Please contact us fo

© 2013 | Office o

[Disclaimer](#)