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Cosmetic Surgery Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT

1. Residency completed? ☐ Yes ☐ No
   Specialty: _____ From (date): _____ to (date): _____
2. Board certified? Other than American Academy of Cosmetic Surgery ☐ Yes ☐ No
   Name of Board: _____ Date: _____
3. Please check the procedures you are performing:

- ☐ Abdominoplasty
- ☐ Blepharoplasty
- ☐ Botox
- ☐ Bracheoplasty
- ☐ Breast Augmentation
- ☐ Open Breast Capsulectomy|otomy
- ☐ Breast Reduction
- ☐ Browplasty – Direct
- ☐ Buccal Fat Extraction
- ☐ Buttock Implant
- ☐ Calf Implant
- ☐ Chin Implant
- ☐ Collagen or Fibrel Injection
- ☐ Cosmetic Tattooing
- ☐ Dermabrasion
- ☐ Facelift (of any kind)
- ☐ Fat Transplantation
- ☐ Genioplasty
- ☐ Hair Flaps
- ☐ Hair Transplant
- ☐ Injection Sclerotherapy of Cutaneous Ectasia
- ☐ Jaw Implant
- ☐ Laser Destruction of Tattoos
- ☐ Laser Hair Removal
- ☐ Laser Skin Resurfacing
- ☐ Laser Surgery of Vascular Lesions
- ☐ Liposuction - Abdomen
- ☐ Liposuction - Arms
- ☐ Liposuction - Buttocks
- ☐ Liposuction - Eye area
- ☐ Liposuction - Head and neck
- ☐ Liposuction - Hips
- ☐ Liposuction - Thighs
- ☐ Liposuction - Full body
- ☐ Mandibular Osteotomy
- ☐ Mastopexy
- ☐ Maxillary-zygoma Augmentation
- ☐ Mesotherapy (aka lipo-dissolve; lipo-therapy)
- ☐ Nasal Implant|Augmentation
- ☐ Neckplasty (not as part of facelift)
- ☐ Otoplasty
- ☐ Osteomy (ies) of Maxilla
- ☐ Phenol Peels
- ☐ Photofacial
- ☐ Prolotherapy
- ☐ Rhinoplasty including Augmentation
- ☐ Scalp Reduction
- ☐ Scar Dermabrasion
- ☐ Scar Laser Resurfacing
- ☐ Scar Revision
- ☐ Skin Flap Reconstruction
- ☐ Skin Grafts
- ☐ Soft Tissue Augmentation (Gore-Tex etc.)
- ☐ Superficial Chemical Peels (glycolic, Jessner, TCA 35% concentration or less, etc.)
- ☐ TCA 50% Peels
- ☐ TCA Peels (Augmented with CO2, AHA, methyl-salicylate, factors 272, or Jessner's solution)
- ☐ Other (please list any and all other cosmetic procedures you perform that are not listed above)

4. Do you have a website? ☐ Yes ☐ No
   If yes, please indicate your website address: _____
5. Do you utilize any non-physician healthcare providers, such as but not limited to medical assistants, nurses, aestheticians, etc., for the performance of any cosmetic procedure noted on this application? ☐ Yes ☐ No
   If yes, please provide an explanation and indicate whether the individual(s) are employed or independent contractors. Also indicate if these individuals are physically

located at your office and under your immediate supervision at all times or whether they are operating independently at a location other than an office where you are not physically present at all times.

6. Where do you perform the procedures you have noted?

- ☐ Non-surgical office setting
- ☐ Surgical suite within office
- ☐ Outpatient surgical facility Name of Facility: _____
- ☐ Hospital Name of Facility: _____
- ☐ Other

6a. For any of the above, are patients kept overnight? ☐ Yes ☐ No

6b. For any of the facilities noted in question 6, please indicate any facility accreditation and licensure that apply. _____

7. Do you use any of the following in your office practice: conscious sedation or general anesthesia? ☐ Yes ☐ No

If yes, who administers the anesthesia and who monitors and recovers the patient?

_____

If yes, is training|CME obtained annually or biannually in anesthesia administration?

_____

8. If you perform procedures in your own office or free standing facility:

Are you on staff at a hospital where the patient can be admitted for an overnight stay or in the case of an emergency? ☐ Yes ☐ No

Do you have emergency and transfer protocols in writing? ☐ Yes ☐ No

Are you and your staff ACLS certified? ☐ Yes ☐ No

What resuscitative equipment do you have and maintain?

_____

9. Do you advertise your name, phone number and performance of these cosmetic procedures noted in any manner other than a one-line listing in the white or yellow pages? ☐ Yes ☐ No

If yes, attach a sample of your display ad(s) and all other media advertisements. If you use radio and|or television, please attach a separate information sheet regarding these activities and include a copy of the script.

10. For each cosmetic procedure you perform, please provide the following information:

- Evidence of training in the procedure to include any certificates of courses completed.
- Patient selection protocol.
- Informed consent document.

_____ _____

SIGNATURE OF APPLICANT DATE

I certify that all statements in this application are true, material, and complete.

_____

NAME