



## Family|General Practitioners Supplement to Application for Medical Professional Liability Insurance

AZ CO NV

### FP|GP - No Surgery (80420)

My practice is limited to general office that may include simple procedures such as the following:

Yes  No

- Repair of Lacerations
- Removal of Moles and Warts
- Interpretation of Chest, Extremity, Rib & Clavicle films
- Immobilization including casting of simple (non-displaced) Fractures that do not require manipulation (reduction)

### FP|GP - Minor Surgery (80423)

My practice includes minor surgical procedures such as the following:

Yes  No  
# Procedures per Yr

T & A's: \_\_\_\_\_

D & C's: \_\_\_\_\_

Abortions - First Trimester: \_\_\_\_\_

Closed Reductions: \_\_\_\_\_

### FP|GP Obstetrics (Non-complicated) (80421 AZ CO)

### FP|GP Surgery-Limited OB (80421 NV)

My practice includes Obstetrics less than 50 non-High Risk Deliveries (see next page):  
(Anticipated Normal Vertex Delivery only)

Yes  No

### FP|GP Obstetrics (Major Surgery) (80117)

I am the primary surgeon on major General Surgical procedures such as the following:  
Total number below may not exceed 100 procedures per year

Yes  No  
# Procedures per Yr

Hemorrhoidectomies, Appendectomies, etc.: \_\_\_\_\_

Non-High Risk Deliveries: \_\_\_\_\_

High Risk Deliveries including C-Section with prenatal care: \_\_\_\_\_

Caesarian Sections only (prenatal care by another provider): \_\_\_\_\_

### General Questions

I provide X-ray interpretation other than Chest, Extremity, Rib and Clavicle films.  
If yes to the above, are the x-rays over read by a radiologist?

Yes  No  
 Yes  No

I provide back-up services for Midwives by written or oral agreement. (If yes, please provide written description of these activities)

Yes  No

I perform Second Trimester Abortions.

Yes  No

I perform Home Deliveries.

Yes  No

I perform Birthing Room Deliveries (other than in the hospital). If yes, indicate location.

Yes  No

I administer sedation in the course of my practice.

Yes  No

I perform cosmetic procedures.

Yes  No

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
NAME

# Guidelines for High Risk Obstetrics as it Relates to Family Practice

*The following are considered high risk characteristics in the obstetric patient solely for the purpose of defining rate level in insurance risk. This document does not define the medical standard of care.*

*It is recognized that a low risk mother can develop high risk symptoms in labor and delivery. This is a part of obstetrical care and will not be viewed as a rate level indicator unless the physician cares for a known high risk mother again.*

## 1. Pre-existing Maternal Disease

- a. Chronic severe hypertension on treatment
- b. Moderate to severe renal disease (creatinine greater than 2.0)
- c. Significant heart disease (symptomatic or under treatment)
- d. Diabetes
- e. Active tuberculosis
- f. Uterine malformation, pelvic tumors or adenexal masses

## 2. Previous Obstetric History

- a. Previous cesarean section (in the absence of other risk factors, prenatal care for these patients may be provided if arrangements have been made for back-up by a readily available "high risk" provider)
- b. Rh sensitization
- c. Documented incompetent cervix

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*Continuation of care in the following circumstances is defined as high risk for the purpose of defining rate level.*

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## 3. Present Pregnancy

- a. Multiple pregnancy
- b. Abnormal presentation (anything other than vertex in labor)
- c. Third trimester bleeding other than that associated with normal labor and delivery
- d. Prolonged rupture of membranes greater than 24 hours with evidence of maternal or fetal compromise (not active labor)
- e. Evidence for intrauterine growth retardation or fetal macrosomia
- f. Elective induction (for other than medical|obstetrical indications)
- g. Any other acute or chronic medical or psychiatric illness which in the opinion of the physician would increase the risk to the mother or the infant.
- h. Premature rupture of membranes or labor prior to 36 weeks (at 36 weeks the "low risk" physician may resume the provision of care)
- i. Insulin dependent gestational diabetes
- j. Pre-eclampsia not responding to therapy\*
- k. Moderate to deeply stained meconium in amniotic fluid\*
- l. Abnormal fetal heart rate or pattern\*
- m. Presentation requiring instrumental manipulation or rotation other than outlet forceps\*
- n. Significant vaginal bleeding during labor\*
- o. Known placenta previa\*
- p. Polyhydramnios or oligohydramnios\*
- q. Prolonged gestation (greater than 42 weeks)\*

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*\*Documented consultation with an obstetrician|gynecologist or perinatal specialist is strongly recommended if the above noted circumstances should occur during pregnancy labor or delivery.*

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