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# General Surgery, Vascular Surgery, Thoracic Surgery (Cardiovascular) Supplement to Application for Medical Professional Liability Insurance AZ CO NV UT

## General Surgery - Limited Practice (80907)

My practice is limited to general surgery office care including procedures such as the following:  Yes  No

- Breast Biopsy (Incisional or Excisional)
- Aspiration of the subcutaneous tumors (breast, thyroid)
- Excision of ingrown toenails and curettement of matrix
- I & D of subcutaneous abscess
- Excision or destruction of superficial skin tumors or lesions
- Flap or graft repair of excisional defect
- Vasectomy
- Destruction of internal hemorrhoid tissue such as banding, ligation, coagulation
- Treatment of external hemorrhoid tissue (regardless of technique)

The following procedures or surgeries may also be done under this rating classification (Total number below may not exceed 100 procedures per year):

	# Procedures per Yr
T&A's:	_____
Ganglionectomy:	_____
Closed Reductions:	_____
Marsupialization of Pilonidal Cysts:	_____
Umbilical Hernia Defect up to 1 cm in Size:	_____

*Physicians in the General Surgery - Limited Practice class may not provide on-call coverage for other physicians' practices which may involve procedures beyond the scope of the procedures listed above, i.e. Major surgery.*

## General Surgery - Major Surgery (80143)

My practice includes procedures such as the following:  Yes  No

- Excision of internal hemorrhoid tissue such as sharp, electrocautery, ultrasonic, stapling
- Emergent dissecting or ruptured AAA repair
- Vein stripping
- Cholecystectomy
- Breast, skin, soft tissue
- Biliary, gastric and intestinal procedures
- Repair of acutely traumatized vessels
- Endocrine system

## General Surgery - with Cosmetic Surgery (80904 AZ, 80143 CO, UT)

My practice includes procedures such as the following:  Yes  No

- Abdominoplasty
- Breast Augmentation
- Face Lifts, Rhinoplasty, etc.

## General Surgery with Vascular (80146)

My practice includes thromboendarterectomy, bypass and graft surgery of vessels (excluding vessels to the heart and lungs).  Yes  No

## Vascular Surgery Only (80906 AZ NV, 80146 CO, UT)

My practice is limited to vascular surgery only.  Yes  No

**Cardiac Surgery (80141)**

My practice includes cardiovascular surgery for which a cardiac bypass pump is utilized.  Yes  No

**Thoracic Surgery (80144)**

My practice includes thoracic surgery for which I do not use a cardiac bypass pump.  Yes  No

**General Questions**

- 1. I perform suction lipectomy procedures (If yes, please list the areas of the body.) \_\_\_\_\_  Yes  No
- 2. I perform weight control surgery (If yes, please specify the procedures.) \_\_\_\_\_  Yes  No
- 3. I perform panniculectomy and/or abdominoplasty in conjunction with weight control surgery (If yes, please explain.) \_\_\_\_\_  Yes  No

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
NAME