



602.956.5276 | Fax 602.468.1710 | 1.800.352.0402 | 2602 E Thomas Rd Phoenix, AZ 85016-8202

Gynecology Supplement to Application for Medical Professional Liability Insurance AZ

Gynecology – Limited Practice (80908)

My practice is limited to simple procedures such as the following:

Yes No

- Bartholin Cyst/Abscess, I & D
- Cone Biopsy
- Colposcopy
- IUD Insertion and Diaphragm Fitting
- Endometrial Aspiration
- Cervical and Endometrial Biopsy

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

Procedures per Yr

D&C's: _____

Abortions – First Trimester: _____

NOTE: A physician in the Gynecology - Limited Practice classification may not attend any patient after the first trimester or be in the delivery room, except to assist at C-Sections.

Physicians in the Gynecology – Limited Practice classification may not provide on-call coverage for other physicians' practices which may involve procedures beyond the scope of the procedures listed above, i.e. Obstetrics or Major Surgery.

Gynecology – Major Surgery (80167)

My practice includes major surgery and procedures such as the following:

Yes No

- TAH/BSO
- First Trimester Abortion
- Laparoscopy
- Management of Ectopic Pregnancy
- Fertility Procedures – Artificial Insemination, In Vitro Fertilization, other assisted reproductive techniques

When a pregnant patient is anticipated to have no immediate problems, if she wishes to proceed to term, she would be referred as soon as possible to an obstetrician to provide obstetrical care throughout her pregnancy, delivery and post-partum follow-up. A physician in this classification may not attend any patient after the first trimester of pregnancy except to assist at C-Sections.

NOTE: Coverage for second trimester elective/therapeutic abortions is available, subject to underwriting approval and an additional premium charge.

Physicians in the Gynecology Major Surgery classification may not provide on-call coverage for other physicians' practices which may involve procedures beyond the scope of the procedures listed above, i.e. Obstetrics.

SIGNATURE OF APPLICANT

DATE

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

NAME