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Ophthalmology Supplement to Application for Medical Professional Liability Insurance

AZ

Ophthalmology - Limited Practice (80910)

My practice is best described as the office practice of ophthalmology which may include simple procedures such as the following:

Yes No

- Conjunctival or Corneal Foreign Body Removal
- Excision of Superficial Skin Lesions
- Minor Laceration Repair of Lids and Conjunctiva
- Anterior Segment Laser procedures (Capsulotomy, Iridotomy, Trabeculoplasty)
- Chalazion Excision
- Removal of Corneal Sutures
- Pterygium Removal in office setting

NOTE: A physician in the Ophthalmology - Limited Practice classification is not permitted to do surgery, as the primary surgeon, in a hospital or outpatient facility with the exception of anterior segment laser procedures.

Physicians in the Ophthalmology - 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.

Ophthalmology - Major Surgery (80114)

My practice is best described as general surgical ophthalmology which may include such procedures as:

Yes No

- Cataract extraction
- Blepharoplasty
- Posterior capsule laser procedures
- Eyebrow and/or Forehead lifts only in conjunction with blepharoplasty (this requires evidence of completion of a fellowship in cosmetic oculo-plastics)

My practice may also include such procedures as the following, limited to 400 or less patients per year:

Yes No

- Radial or Transverse Keratotomy
- Keratomileusis
- Lasik and/or similar procedures
- Epikeratophakia
- Photorefractive Keratectomy

If Yes, # per year: _____

Ophthalmology - High Volume Corneal Refractive Surgery (80905)

My practice differs from the description above in that my volume of the following procedures exceeds 400 patients per year:

Yes No

- Radial or Transverse Keratotomy
- Keratomileusis
- Lasik and/or similar procedures
- Epikeratophakia
- Photorefractive Keratectomy

If Yes, # per year: _____

General Questions

I perform other procedures not listed above.

Yes No

If "Yes," please list: _____

SIGNATURE OF APPLICANT

DATE

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

NAME