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Ophthalmology – Refractive Surgery Procedures Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT

Ophthalmology with Refractive Surgery Procedures (80114, 80905 AZ)

1. Please list all refractive surgery procedures you perform.

2. For each procedure noted in #1 above, please describe the training you received. In addition to listing the specific courses taken, please indicate the number of cases you observed, assisted, and performed during your training. Please attach copies of any certificate(s) of completion of training. This should include copies of certificate(s) of insurance.

3. Do you perform any refractive surgery procedures on a bilateral simultaneous basis? Yes No
If yes, please explain.

4. Do you co-manage the post-operative care of patients? If yes, please indicate who performs the first post-operative visit and describe how all subsequent visits are co-managed and for how long the patient is followed after the performance of the refractive surgery procedure. Yes No

5. Do you advertise your availability to perform refractive surgery procedures? If yes, please submit a copy of ALL advertising (print, audio, video, internet and website). Yes No
6. Attach the following to this supplement:
 - All certificates of training (as per Question #2).
 - All patient consent forms.
 - All patient selection protocols.
 - All advertising (as per Question #5) to include all patient education literature.

SIGNATURE OF APPLICANT

DATE

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

NAME