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Orthopedics Supplement to Application for Medical Professional Liability Insurance CONVUT

Orthopedics - No Surgery (80469)

My practice is limited to non-surgical Orthopedic care which may include steroid injections for bursitis, but not injections such as chymopapain or those containing sclerosing agents.

Yes No

NOTE: Physicians in the Orthopedics - No 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. Major Surgery.

Orthopedics - Limited Practice (80911)

My practice is limited to non-surgical Orthopedic care (except as provided below) which may include steroid injections for bursitis, but not injections such as chymopapain or those containing sclerosing agents.

Yes No

The following procedures may be performed under this rating classification:
Total number below may not exceed 100 procedures per year.

Procedures per Yr

Closed Reduction:	_____
Excision of Superficial Lesions:	_____
Ganglionectomy:	_____
Carpal Tunnel Release:	_____
Primary Extensor Tendon Repair (Foot or Hand):	_____
Morton's Neuroma:	_____
Tenotomy of Toes:	_____

NOTE: Physicians in the Limited Orthopedics 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. Major Surgery.

Orthopedics - Major Surgery (80154)

My practice activities include procedures such as the following:

Bunionectomy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spinal Column Surgery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open Reduction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Replacement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Percutaneous or Internal Fixation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Arthroscopy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Orthopedics - Major Surgery - Including Spine (80154)

Spinal Column Surgery: Yes No

SIGNATURE OF APPLICANT

DATE

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

NAME