



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

Otorhinolaryngology Supplement to Application for Medical Professional Liability Insurance

AZ

Otorhinolaryngology - Limited Practice (80912)

Practice limited to E.N.T. office care which may include procedures such as the following: Yes No

- Flexible Scope Examination (as part of routine office exam without general Anesthesia or Biopsy)

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

	# Procedures per Yr
Myringotomy:	_____
Tonsillectomy and Adenoidectomy:	_____
Nasal Septoplasty (Limited to Nasal Fractures):	_____
Polypectomy, Not Included Ethmoidectomy or Other Sinus Surgery:	_____
Limited Zyderm Collagen Injections:	_____

NOTE: Physicians in the Limited Otolaryngology 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.

Otorhinolaryngology - Major Surgery (80159)

My practice includes the following procedures: Yes No

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ Stapedectomy ▪ Mastoidectomy ▪ Tracheostomy ▪ Acoustic Tumor Surgery | <ul style="list-style-type: none"> ▪ Tympanoplasty ▪ Inner Ear Surgery ▪ Direct Laryngoscopy |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

Otorhinolaryngology with Cosmetic Surgery (80155)

My practice includes procedures such as those listed below: Yes No

- | | |
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| <ul style="list-style-type: none"> ▪ Rhinoplasty ▪ Phenol Face Peels ▪ Brow or Face Lift ▪ Blepharoplasty ▪ Cosmetic Ear Surgery | <ul style="list-style-type: none"> ▪ Liposuction- check all that apply: <ul style="list-style-type: none"> Eye area <input type="checkbox"/> Head & Neck <input type="checkbox"/> Full Body <input type="checkbox"/> Abdomen, Buttocks, Hips, Thighs Arms <input type="checkbox"/> Arms |
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General Questions

I perform other cosmetic 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