



## Otorhinolaryngology Supplement to Application for Medical Professional Liability Insurance

CO NV UT

### Otorhinolaryngology - No Surgery (80265)

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)

NOTE: Physicians in the Otolaryngology - 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. Minor Surgery or Major Surgery.

### 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

- |                          |                       |
|--------------------------|-----------------------|
| - Stapedectomy           | - Tympanoplasty       |
| - Mastoidectomy          | - Inner Ear Surgery   |
| - Tracheostomy           | - Direct Laryngoscopy |
| - Acoustic Tumor Surgery |                       |

### Otorhinolaryngology With Cosmetic Surgery (80155)

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

- |                     |   |
|---------------------|---|
| - Rhinoplasty       | - Cosmetic Ear Surgery  |
| - Phenol Face Peels | - Liposuction- check all that apply:  |
| - Brow or Face Lift | <input type="checkbox"/> Eye area <input type="checkbox"/> Head & Neck <input type="checkbox"/> Full Body |
| - Blepharoplasty    | <input type="checkbox"/> Abdomen, Buttocks, Hips, Thighs <input type="checkbox"/> Arms                    |

### 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