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Otorhinolaryngology Supplement to Application for Medical Professional Liability Insurance

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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

- | | |
|---|---|
| <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

- | | |
|---|---|
| <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"> <input type="checkbox"/> Eye area <input type="checkbox"/> Head & Neck <input type="checkbox"/> Full Body <input type="checkbox"/> Abdomen, Buttocks, Hips, Thighs Arms <input type="checkbox"/> Arms |
|---|---|

General Questions

I perform other cosmetic procedures not listed above.
If "Yes," please list:

Yes No

SIGNATURE OF APPLICANT

DATE

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

NAME