



Plastic Surgery Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT

Plastic Surgery - Limited Practice (80913)

My practice is limited to plastic surgical care as described below and does not include aesthetic procedures.

Yes No

The following procedures may be performed under this rating classification:

Total number below may not exceed 100 cases per year.

Procedures per Yr

Complex Soft Tissue Laceration Repair: _____

Scar Revision: _____

Suction Aspiration of Lipoma: _____

The following procedures may also be performed under this rating classification without a limit as to the number performed:

- Dermabrasion
- I & D of Subcutaneous Abscess or Cyst
- Tattoo Removal
- Skin Lesion Excision with Flap or Graft Repair
- Surgical Assisting
- Skin Tumor Excision (benign or malignant)
- Simple Soft Tissue Laceration Repair

NOTE: Physicians in the Plastic Surgery - Limited Practice class 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.

Plastic Surgery - Major Surgery (80156)

My practice activities include procedures such as the following:

Abdominoplasty: Yes No

Blepharoplasty: Yes No

Breast Augmentation|Reduction: Yes No

Face Lift (of any kind): Yes No

Liposuction: Yes No

Mesotherapy and/or similar procedures (e.g. lipo-dissolve; lipo-therapy, etc.) for which the injectable or injectables are used for the purpose of chemical fat reduction: Yes No

Phenol Face Peel: Yes No

Prosthetic Implantation or removal of any kind: Yes No

Rhinoplasty: Yes No

Scalp Reduction: Yes No

SIGNATURE OF APPLICANT

DATE

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

NAME