



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

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

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