



Radiology|Nuclear Medicine Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT

Nuclear Medicine (80262 AZ CO NV) (80253 UT)

My practice is best described as Nuclear Medicine.

Yes No

Radiology – Diagnostic – No Surgery (80253)

My practice is best described as Diagnostic Radiology and may include such procedures as the following:

Yes No

- Computed Tomographic Angiography
- Venography
- Contrast injections
- PICC line placement
- Drainage catheter exchange
- Thoracentesis
- Paracentesis
- Superficial aspiration and biopsy (excludes intrathoracic or intraabdominal site): thyroid, superficial lymph node
- Prostate needle biopsy
- Superficial abscess drainage
- Joint aspiration/injections (i.e. arthrography)
- Breast needle localization/Simple breast cyst aspiration/Core breast biopsy
- Myelography, lumbar puncture
- Hysterosalpingography
- Lymphangiography

Radiation Therapy (80425 AZ CO NV) (80253 UT)

My practice is best described as Therapeutic Radiology|Radiation Oncology.

Yes No

Radiology – Diagnostic – Minor Surgery (80280)

My practice also includes procedures such as:

Yes No

- Conventional Angiography
- Arterial or Venous interventions not listed in 80253 above (including percutaneous transluminal angioplasty, stent placement, embolization, thrombolysis, intravascular laser)
- Intraabdominal, intrathoracic or retroperitoneal abscess drainage or biopsy
- Thermal ablation (i.e. radiofrequency or cryoablation)

SIGNATURE OF APPLICANT

DATE

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

NAME