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## 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