

MEDICAL CENTER

PROFESSIONAL LIABILITY APPLICATION

1. Name of Physician Last: _____ First: _____ MI: _____			2. Degree _____	Code - For Risk Management Use Only _____
3. Effective Date _____	4. Employee ID # _____	5. Department _____	6. Division _____	7. Specialty _____

8. Physician Status: Fellow _____ Faculty _____ Fellow with Faculty Appointment _____ (For Benefits Only?) Yes _____ No _____

9. Full Time: _____ Part Time: _____ Clinical Hours Per Week _____

* Clinical hours must include time devoted to inpatient rotations, scheduled clinics, participation on consult service, supervision of fellows & residents in their care and clinical responsibilities and must include on call time, including nights, weekends, and holidays.

10. Time to Veterans Administration (VA): 0 _____ 1/8 _____ 2/8 _____ 3/8 _____ 4/8 _____ 5/8 _____ 6/8 _____ 7/8 _____ 8/8 _____

11. Check all that apply.

Surgical Specialties		
80140 _____ Bariatric Surgery (including other weight reducing procedures)	80225 _____ Orthodontics/Dentistry	80474 _____ Pediatric Surgery
80141 _____ Cardiac Surgery	80425 _____ Ophthalmology / Surgical Procedures	80156 _____ Plastic Surgery
80115 _____ Colon/Rectal Surgery	80154 _____ Orthopedic Surgery (other than Trauma)	80177 _____ Podiatry (Procedures)
80143 _____ General Surgery	80155 _____ Otolaryngology/Plastics	80132 _____ Surgical Oncology
80167 _____ Gynecology Surgery	80170 _____ Otolaryngology Head & Neck Surgery	80144 _____ Thoracic Surgery
80152 _____ Neurosurgery	80106 _____ Otolaryngology (all types OTHER than major Head & Neck Surgery & Plastics)	80171 _____ Trauma
80153 _____ OB Delivery		80145 _____ Urology
80159 _____ Oral Surgery		80146 _____ Vascular Surgery
		_____ Other (please explain)

Other Specialties		
80254 _____ Allergy	80222 _____ Medicine or Pediatric Specialty - No Procedures (Diabetes, Endocrinology, Hematology/Oncology, Infectious Disease, Rheumatology, Gastroenterology, Nephrology, Child Development, etc)	72401 _____ Psychology
80151 _____ Anesthesiology	80471 _____ Neonatology	80469 _____ Pulmonary Medicine/Critical Care
80255 _____ Cardiology / No Procedures	80261 _____ Neurology	Do you attend in ICU? YES _____ NO _____
80422 _____ Cardiology / Procedures (see procedure list below)	80248 _____ Nutrition	80429 _____ Radiation Oncology
80234 _____ Clinical Pharmacology	80466 _____ OB / GYN Outpatient or Clinic Visits Only	80491 _____ Radiology Procedures / Interventional (includes dye injections & Nuclear Medicine)
80960 _____ CRNA	80233 _____ Occupational Medicine	80253 _____ Radiology, Diagnostic / No Procedures
80256 _____ Dermatology / General	80263 _____ Ophthalmology (No surgery)	71800 _____ Research - Patient Oriented, but NO patient care, no resident supervision of any kind
80456 _____ Dermatology / Procedures	71801 _____ Optometry	_____ Other (please explain)
80424 _____ ED (Fast Track Only)	80266 _____ Pathology / No Procedures	_____
80102 _____ Emergency Medicine	80292 _____ Pathology / Procedures	_____
80257 _____ General Internal Medicine	80235 _____ Physical Medicine & Rehab / Sports Medicine	_____
80267 _____ General / Medicine Pediatric	80250 _____ Podiatry / No Procedures	_____
80446 _____ Medicine or Pediatric Specialty - Procedures (see procedure list below) - Diabetes, Endocrinology, Hematology / Oncology, Infectious Disease, Rheumatology, Gastroenterology	80249 _____ Psychiatry	_____

12. If not in Anesthesia, critical care, or a surgical discipline please review the following lists and check all that apply. If you perform or may be called upon to perform or supervise any of these procedures at least once a year, we need to know for appropriate insurance coverage.

Please check the following medical techniques or procedures you perform:

- | | |
|---|--|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Endoscopy |
| <input type="checkbox"/> Arteriography | <input type="checkbox"/> ERCP (Endoscopic retrograde cholangiopancreatography) |
| <input type="checkbox"/> Bone Marrow Harvest | <input type="checkbox"/> Lasers - used in therapy |
| <input type="checkbox"/> Bronchoscopy (rigid or flexible) | <input type="checkbox"/> Lymphangiography |
| <input type="checkbox"/> Catheterization-Arterial, cardiac, or diagnostic, but does not include: | <input type="checkbox"/> Mohs Surgery |
| 1. Occasional emergency insertion of pulmonary wedge, pressure recording catheters. | <input type="checkbox"/> Myelography |
| 2. Urethral Catheterization | <input type="checkbox"/> Needle Biopsy |
| 3. Umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen. | <input type="checkbox"/> Pneumatic or mechanical esophageal dilation |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Radiopaque dye injections into blood vessels, lymphatics, sinus tracts and fistulae |
| <input type="checkbox"/> Dermatology Faculty - Advanced Dermalogic Surgery | <input type="checkbox"/> Transesophageal Echocardiography |
| | <input type="checkbox"/> Other _____ |

Budget Number to be charged: _____ (Please provide only one budget number.)

Physician/CRNA Signature & Date _____	Department Administration Signature & Date Verifying Completion of Form _____
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