

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) | | |
| 80151 | Anesthesiology | 80471 | Neonatology | 72401 | Psychology |
| 80255 | Cardiology / No Procedures | 80261 | Neurology | 80469 | Pulmonary Medicine/Critical Care |
| 80422 | Cardiology / Procedures (see procedure list below) | 80248 | Nutrition | Do you attend in ICU? | |
| 80234 | Clinical Pharmacology | 80466 | OB / GYN Outpatient or Clinic Visits Only | YES | NO |
| 80960 | CRNA | 80233 | Occupational Medicine | 80429 | Radiation Oncology |
| 80256 | Dermatology / General | 80263 | Ophthalmology (No surgery) | 80491 | Radiology Procedures / Interventional (includes dye injections & Nuclear Medicine) |
| 80456 | Dermatology / Procedures | 71801 | Optometry | 80253 | Radiology, Diagnostic / No Procedures |
| 80424 | ED (Fast Track Only) | 80266 | Pathology / No Procedures | 71800 | Research - Patient Oriented, but NO patient care, no resident supervision of any kind |
| 80102 | Emergency Medicine | 80292 | Pathology / Procedures | Other (please explain) _____ | |
| 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"/> Lympangiography |
| <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 |
|---------------------------------|---|