

## Surgery Center SUPPLEMENTAL APPLICATION

(Please print or type and be sure to sign page 2)

Business Name or DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, County, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Facsimile Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Web Site Address: \_\_\_\_\_

*Please completely answer all of the following questions.*

1. Tell us about the surgery center.

a)	<b>How many medical practitioners practice at the center?</b> (* List name and specialty in Remarks)	# <b>Employed:</b> physicians:____ surgeons:____ other*:____ # <b>Contracted:</b> physicians:____ surgeons:____ other*:____
b)	<b>Do the medical practitioners carry their own insurance coverage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	<b>What are the <u>minimum</u> required limits of the center's medical staff?</b>	<input type="checkbox"/> No minimum, or <input type="checkbox"/> \$ _____ per claim <input type="checkbox"/> \$ _____ aggregate
d)	<b>Do you confirm that <u>all</u> practitioners working at the center have current hospital privileges?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
e)	<b>Is the center staffed by an ACLS provider until <u>all</u> patients are discharged?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f)	<b>Does the center have any pediatric patient <u>minimum</u> age restrictions?</b>	<input type="checkbox"/> N/A, No Pediatric Cases <input type="checkbox"/> No Age Restriction (any age okay) <input type="checkbox"/> > 6 mos. <input type="checkbox"/> > 1 yr. <input type="checkbox"/> > 2 yrs. <input type="checkbox"/> > 6 yrs. <input type="checkbox"/> >12 yrs.
g)	<b>Is the center staffed by an ACLS provider until <u>all</u> patients are discharged?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
h)	<b>Is the center accredited? If yes, by whom?</b> (check all that apply)	<input type="checkbox"/> No Accreditation <input type="checkbox"/> AAAHC <input type="checkbox"/> JCAHO <input type="checkbox"/> AAAASF/SPF <input type="checkbox"/> Other: _____
i)	<b>What is the distance between the hospital above and the center, in miles and minutes?</b>	<input type="checkbox"/> On Hospital Grounds <input type="checkbox"/> <1/2 <input type="checkbox"/> <1 <input type="checkbox"/> <3 <input type="checkbox"/> <5 <input type="checkbox"/> <10 <input type="checkbox"/> 11+ If over 11 miles, how many? _____ <input type="checkbox"/> Minutes? _____
j)	<b>Is there a transfer agreement in place with a local hospital allowing patients to be directly admitted to the hospital in an emergency situation?</b>	<input type="checkbox"/> Yes (please list hospital): _____ <input type="checkbox"/> No (please explain in the remarks section)
k)	<b>What is the <u>maximum</u> scheduled length (in hours) of surgical cases?</b>	<input type="checkbox"/> <1 <input type="checkbox"/> <2 <input type="checkbox"/> <3 <input type="checkbox"/> <4 <input type="checkbox"/> <5 <input type="checkbox"/> 6+ If more than 6 hours, how many? _____
l)	<b>What % of each ASA patient level is treated at the center?</b>	ASA I:____ ASA II:____ ASA III*:____ ASA IV*:____ ASA V*:____ * please list procedures done for these patients in the remarks section
m)	<b>Estimate the % of patients receiving anesthesia by type?</b> (total must equal 100%)	____ Local <input type="checkbox"/> Regional Block <input type="checkbox"/> IV/Con. Sedation <input type="checkbox"/> ____ MAC <input type="checkbox"/> Epidural <input type="checkbox"/> General <input type="checkbox"/>

n)	Which procedures are performed at the center? (Check all that apply)	Current year (200__) (# of cases)	Projected for next year (200__) (# of cases)
	Dental	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Ophthalmic including Laser / Lasik Surgeries	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Podiatric	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Chiropractic/Physical/Rehab Therapy	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Ear, Nose & Throat	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Urology	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Gastroenterology	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Obstetrical/Gynecological	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Orthopedic	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Plastic/Cosmetic (No Liposuction)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Plastic/Cosmetic (Liposuction <500cc)	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____
	Plastic/Cosmetic (Liposuction >500cc)	<input type="checkbox"/> # _____	<input type="checkbox"/> # _____
	Other: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
o)	What equipment is available at the center? (Check all that apply)		
	Anesthesia Machine	<input type="checkbox"/>	
	Pulse Oximeter	<input type="checkbox"/>	
	EKG Monitor	<input type="checkbox"/>	
	Blood Pressure Monitor	<input type="checkbox"/>	
	Defibrillator	<input type="checkbox"/>	
	Suction Machine	<input type="checkbox"/>	
	Emergency Medicines and Equipment	<input type="checkbox"/>	
	Positive Pressure Ventilation Sources	<input type="checkbox"/>	
	Back-up Oxygen Supplies & Regulators	<input type="checkbox"/>	
	Other: _____	<input type="checkbox"/>	

# Are ALL physicians performing Plastic/Cosmetic procedures Board Certified Plastic Surgeons?  Yes  No

If No, list in the Remarks Section all physicians that are not Board Certified Plastic Surgeons by name, specialty and surgical procedures performed.

**Remarks Section:** \_\_\_\_\_

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## FRAUD WARNINGS

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

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Applicant's Signature

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Print Name

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Date

Please include the following attachments along with this application:

- Currently Valued Insurance Company Loss Run
- Current Audited Financial Statements / Business Plan
- Ownership Chart and List of Owners with Ownership Percentages
- Copy of Transfer Agreement with a Local Hospital
- Copy of any Brochures, Pamphlets or other Advertising Materials used by the center
- Copy of any Inspection Reports/Surveys conducted by outside organizations
- Copy of your Medical Staff By-laws
- Copy of your Credentialing Procedures
- Copy of your current Risk Management program
- Listing of ALL Approved Procedures able to be performed at the Surgery Center