



**Florida Doctors Insurance Company
Healthcare Facility Professional Liability
Ambulatory Surgery Center Supplement**

The supplement is not a complete application for insurance. It must be submitted in conjunction with Florida Doctors Insurance Company's Healthcare Facility Professional Liability Insurance Application and all other required information.

Facility Name: _____

The data provided should be projected for the 12 months to be covered under the policy.

| Type of Service Provided | # Surgeries / Procedures |
|---|--------------------------|
| Cardiac (e.g., left heart catheterization, insertion of venous access) | |
| Colonoscopy | |
| Endoscopy | |
| General Surgery (e.g., excision of breast lesion, gall bladder laparoscopy, repair inguinal hernia) | |
| Gynecology (e.g. hysteroscopy of uterus) | |
| Obesity-related | |
| Obstetrics – In vitro fertilization | |
| Obstetrics – All Other | |
| Ophthalmology – Cataract | |
| Ophthalmology – Laser Refractive | |
| Ophthalmology – All Other | |
| Oral and Maxillofacial | |
| Orthopedic (e.g., arthroscopy, carpal tunnel) | |
| Otorhinolaryngology (e.g., tympanostomy with ear tubes, tonsillectomy and/or adenoidectomy) | |
| Pain management / Pain block | |
| Plastic / Cosmetic – Elective | |
| Plastic / Cosmetic – Reconstructive / Cancer | |
| Podiatry (e.g., bunion repair) | |
| Pulmonary (e.g. bronchoscopy) | |
| Radiology – Imaging – venography, fluoroscopy & ultrasound needle guidance | |
| Radiology – Imaging – non invasive | |
| Radiology – Radiation Oncology / Therapy | |
| Urology (e.g. cystourethroscopy of bladder) | |
| Other (describe): | |

Number of Operating Rooms _____

Total Square Footage _____ Square Feet

| <u>Type of Anesthesia</u> | <u>Is this type provided?</u> | <u>By Whom?</u> |
|---|-------------------------------|--------------------------------|
| Local or Topical anesthesia | Yes | Anesthesiologist |
| | No | CRNA Other – describe _____ |
| IV or parenteral sedation, regional anesthesia, analgesia or dissociative drugs without the use of endotracheal or laryngeal mask intubation or inhalation general anesthesia (including nitrous oxide) | Yes | Anesthesiologist |
| | No | CRNA Other – describe _____ |
| Surgical procedures with epidural anesthesia, endotracheal or laryngeal mask intubation or inhalation anesthesia, spinal or epidural | Yes | Anesthesiologist |
| | No | CRNA Other – describe _____ |

Is a physician, CRNA, and/or RN with Advanced Cardiac Life Support (ACLS) certification immediately available until all patients have met documented discharge criteria? Yes No

What is the highest ASA physical status classification level for which anesthesia is provided? _____

INSTRUMENT STERILIZATION

Are instruments sterilized on site? Yes No

If Yes: steam sterilization gas sterilization chemical soak

Are there written protocols for weekly autoclave testing? Yes No

Is each sterilized pack marked with the date of sterilization and an expiration date? Yes No

SUPPLEMENTAL WAIVER AND RELEASE

As authorized representative for the facility, I hereby acknowledge that the foregoing information constitutes a part of my application for insurance with Florida Doctors Insurance Company (FLDIC). If accepted, I understand that insurance is being issued upon reliance of the truth of my representations. If it is determined that I failed or refused to disclose any relevant fact or information or misled, defrauded or lied to FLDIC, I understand that the policy shall be null and void. However, unintentional errors or omissions do not affect my rights under the policy, if issued. I understand that no insurance will be afforded unless and until a complete application is accepted by FLDIC and the facility is notified of said acceptance.

| | |
|---|------------------------------------|
| Signature of Authorized Representative | Date |
| Printed Name of Authorized Representative | Title of Authorized Representative |

This application form duly completed together with any supplementary information must be signed in ink by an authorized representative of the applicant. A signature on the form does not bind the applicant or FLDIC to complete the insurance.

(A photostat copy of this authorization shall be considered as effective and as valid as the original.)

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