

SURGICENTER – SUPPLEMENTAL APPLICATION

4. Does the ASC have a formal credentialing and privileging process which includes primary source verification of professional credentials and privilege qualifications for all surgeons and anesthesia providers including:
- (a) Review/approval of requested privileges by the center's medical director and/or credentials committee?
[] Yes [] No
 - (b) Continuous updates of new or deleted privileges for ASC staff (either through an automated or manual system)?
[] Yes [] No
 - (c) ASC staff can refuse to schedule surgeries or procedures not on an individual provider's list of approved privileges or a non ASC-approved procedure? [] Yes [] No.
- If no answer for any question, please explain.
- _____
- _____

5. Is there a formal laser safety and surgical fire prevention program in place?
[] Yes [] No If no, please explain. _____
- _____

6. Does the ASC have a preventative maintenance program for all anesthesia and critical emergency equipment?
[] Yes [] No If no, please explain. _____
- _____

7. What percentage of general and local anesthesia is administered? ____% General ____% Local

8. Does the ASC have a formal emergency response policy, which includes
- (a) A written transfer agreements with the receiving acute care hospital(s)? Please provide a copy
 - (b) An agreement with an ambulance company for transportation of emergency cases?
 - (c) Guidelines for who accompanies a critically ill patient transferred to a hospital?
- [] Yes [] No If no, please explain. _____
- _____

- (d) What is the distance and travel time to the receiving hospital? _____

9. Is the ASC accredited by:
- (a) JCAHO [] Yes [] No
 - (b) AAAHC [] Yes [] No
 - (c) AAAASF [] Yes [] No
 - (d) AOA [] Yes [] No

10. Does the ASC maintain formal policies that require documentation of all preoperative care including:
- (a) Preoperative history and physical examination? [] Yes [] No
 - (b) Preoperative laboratory and ECG review by surgeon and anesthesia provider when applicable?
[] Yes [] No
 - (c) Preoperative nursing assessments? [] Yes [] No
 - (d) Preoperative anesthesia evaluation and airway assessment per ASA guidelines? [] Yes [] No
 - (e) Documentation of informed consent for surgery and anesthesia prior to the administration of preoperative medication? [] Yes [] No
- If no answer for any questions, please explain. _____
- _____
- _____

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11. Does the ASC have a formal policy which requires documentation of all intra and post operative care including:
- (a) Patient identification, procedure, site, side re-verification? Yes No
 - (b) Positioning, electrical and laser safety precautions? Yes No
 - (c) Anesthesia assessment and continuous physiologic monitoring? Yes No
 - (d) Documentation and signing of all intra-operative orders? Yes No
 - (e) All medications and intravenous fluids? Yes No
 - (f) Disposition of all specimens sent to pathology? Yes No
 - (g) Validation of sponge, needle and instrument counts, actions taken if count is not correct? Yes No
 - (h) Condition mode-of-transport and clinical status of patient, transfer report upon completion of procedure and transfer to post-anesthesia care areas? Yes No
 - (i) Signing of all postoperative orders and timely dictation of operative notes? Yes No

If no for any question, please explain. _____

12. Does the ASC have a formal discharge policy which requires that patients:
- (a) Meet specific clinical discharge criteria? Yes No
 - (b) Be examined by a licensed independent provider and anesthesia provider prior to discharge? Yes No
 - (c) Receive written, individualized discharge instructions that detail emergency care procedures? Yes No
 - (d) Prevent patients from driving themselves home or taking public transportation post procedure? Yes No
 - (e) Receive a documented status "call-back" phone call from the ASC within 24 hours of discharge? Yes No

If no for any question, please explain. _____

13. Are you approved for Medicare reimbursement, (if accepting Medicare patients)? Yes No
If no, please explain any deficiencies that are outstanding and attach a copy of the citations from the regulating body. _____

This application must be completed, dated and signed by Chief Executive Officer, Medical Director, Owner or Active Partner of the Applicant. The statements and responses that I have provided in this application are, to the best of my belief, knowledge and recollection complete and correct. I have not deliberately suppressed or misstated any material facts. I understand that deliberate omissions or misstatements are grounds for either cancellation or the voiding of any policy issued to me.

I understand that this is an application for insurance and not an insurance binder. I also understand that if this application is approved, the effective date cannot be prior to the date all of the Company's requirements for issuance have been met Incomplete information will delay the handling of the application. I also agree that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, I will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

All written statements and materials furnished to the company in conjunction with this supplemental application are hereby incorporated by reference into the application and made a part hereof.

Print Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____