Princeton Insurance Company

Practice Information Supplement

Note: All percentages requested below for specialties, procedures and surgical activities are of your total practice.

****Please enter complete name of specialty/sub-specialty. Combined percentages must equal 100%.****

A. What is your group's present specialty? _____ _____% of total practice

What is your group's sub-specialty? _____ _____% of total practice

B. Please check any of the following procedures you will perform:

☐ Abdominoplasty - Tummy Tuck
☐ Abortions - Elective ___% of total practice
☐ Abortions - Therapeutic ___% of total practice
☐ Acupuncture - Therapeutic/Local Anesthetic
☐ Anesthesia General/Spinal/Caudal
☐ Angiography
☐ Angioplasty
☐ Arteriography
☐ Arthroscopy
☐ Assisting in major surgery - own patients only
☐ Assisting in major surgery - own & other than own patients
☐ Bariatric Surgery - Laparoscopic
☐ Bariatric Surgery - Non-Laparoscopic
☐ Biopsy - Endoscopic
☐ Blepharopigmentation - ___% of total practice
☐ Blepharoplasty - Cosmetic ___% of total practice
☐ Blepharoplasty - Reconstruction___% of total practice
☐ Botox ___% of total practice
☐ Brachioplasty
☐ Breast Implants - Cosmetic ___ % of total practice
☐ Breast Implants - Reconstruction ___ % of total practice
☐ Breast Reduction - Cosmetic
☐ Bronchoscopy
☐ Bronco-esophagology
☐ Buttock Implants
☐ Calf Implants
☐ Cataract Surgery
☐ Catheterization - Left Heart
☐ Catheterization- Right Heart (other CVP lines)/Swan Ganz
☐ Cheek/Chin/Lip Implants
☐ Chelation Therapy
☐ Chemical Peels - Superficial/Medium
☐ Chemical Peels - Deep ___% of total practice
☐ Cleft Lip Surgery - Reconstructive
☐ Cleft Palate Surgery - Reconstructive
☐ Colonoscopy
☐ Cryosurgery (Cervical)
☐ Cryosurgery (non-external lesions)
☐ D & C
Discectomy
  ☐ Open
  ☐ Other Than Open
☐ Electromagnetic Therapy
☐ Electroconvulsive/Shock Therapy
☐ Embolization
☐ ERCP
☐ Face Lifts
☐ Face Lifts Mini (done with laser)
___ % of Total Practice
☐ Gastrointestinal Endoscopy
☐ Gynecology - Major Surgery
☐ Hair Transplants - Follicular Unit Transplantations
☐ Hair Transplants - Other
☐ HVLA on the cervical spine on patients younger than 18 years of age
☐ Intrathecal Pumps
☐ Kyphoplasty
☐ Laparoscopic Cholecystectomy
☐ Laparoscopy
☐ Laser Surgery
☐ Laser Therapy (Endoscopic)
☐ Laser Therapy (Non-Endoscopic)
☐ Lipoinjection ___%of Total Practice
Liposuction
  ☐ Other Than Tumescent Technique
  ☐ Tumescent Technique Only __% of total practice
☐ Lithotripsy
☐ Lymphangiography
☐ Mammograms
☐ Myelography
Nerve Blocks
  ☐ Facet
  ☐ Lumbar Epidural Steroid
  ☐ Myofascial
  ☐ Occipital
  ☐ Paraspinal/Paravertebral
  ☐ Peripheral
  ☐ Sciatic
  ☐ Triggerpoint Injection
☐ Oxidation Therapy
☐ Pacemakers - Epicardial
☐ Pacemakers - Endocardial
☐ Pacemakers - Temporary
☐ Peritoneoscopy
☐ Phlebography
☐ Pneumoencephalograpy
☐ Polypectomy
Prenatal/Gynecological Practice
  ☐ Prenatal Practice - 1st & 2nd Trimester
  ☐ Prenatal Practice - to term, no delivery
  ☐ Prenatal Practice - to term, and delivery
  ☐ Normal Deliveries - total per year ___
  ☐ Cesarean Deliveries - total per year ___
☐ Prolotherapy
☐ Radial/Laser Keratotomy
☐ Radiation/X-Ray Therapy
☐ Rectal Ozone Therapy
☐ Rhinoplasty ___% of total Practice
☐ Sigmoidoscopy - 60 cm or less
☐ Sigmoidoscopy - greater than 60 cm
☐ Silicone Injections ___% of total Practice
Skin Flaps/Grafts
  ☐ Cosmetic ___ % of total practice
  ☐ Reconstruction ___% of total practice
☐ Spinal Cord Stimulators
☐ Thigh Lift
☐ Tubal Ligations
☐ Upper GI Endoscopy
☐ Vasectomies - own patients
☐ Vasectomies - own patients & other than your own patients
☐ Weight Control Medication
__% of Total Practice
☐ Other Medical Techniques
List Procedures (do not restate specialty)

_____
_____
_____
_____

Practice Information Supplement (continued)

C. Please indicate the percentage of your total practice performing the following surgical activities:

_____ % Cardiac	_____ % Orthopedic (including back)	_____ % Traumatic
_____ % Gynecology	_____ % Orthopedic (not including back)	_____ % Urology
_____ % Hand	_____ % Otolaryngology	_____ % Vascular
_____ % Neurosurgery	_____ % Plastic (cosmetic enhancement only)	_____ % Other (Describe) _____
_____ % Obstetrics	_____ % Plastic (reconstruction only)	_____
_____ % Ophthalmology	_____ % Thoracic	

D. Does the group practice in any of the following areas:

☐ Nursing home and/or assisted living

☐ Home Healthcare

☐ Tele-medicine

☐ Mobile Healthcare

E. Does the group practice any of the following, if so, please explain the procedures and the specialties performing each procedure.

☐ Pain Medicine / Pain Management

☐ Cosmetic Procedures