

AMERICAN PHYSICIANS ASSURANCE CORPORATION

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Supplemental Information Form for Surgicenters

American Physicians Master Policy No.: _____

(Leave blank if you do not currently have your professional liability insurance with American Physicians.)

Agency: _____

Address: _____ **Phone:** () _____

American Physicians Agent or Representative: _____ **Agency Code:** _____

Please type or legibly print your responses in full. Please supplement this application with responses to questions requiring more room than contained in this form.

1. Surgicenter Name: _____

2. Are all physicians using the facility insured with American Physicians? Yes No

3. Will the physicians perform surgery or assist with surgery on individuals other than their own patients? Yes No

4. Are all staff members licensed and certified to practice at the surgicenter? Yes No

5. Is licensing and/or certification of physicians, nurses, technicians, and other providers posted and/or on file in the surgicenter? Yes No

6. How many Surgery/OR suites does the surgicenter have? _____

7. Equipment used in the Surgicenter is:

- Owned by the group and preventive maintenance agreements exist. Yes No
- Leased by the group and preventive maintenance agreements exist. Yes No

8. Primary use for the surgicenter is:

- Group use only Yes No
- Leasing to multiple users Yes No

If leased to multiple users, will the surgicenter be responsible for providing support staff, equipment and services for outside/contracting physicians? Yes No

9. List the types of procedures that will be performed in the Surgicenter. If necessary, attach a separate list.

10. Do all CRNAs practicing under contractual arrangement with or employed by an anesthesiologist licensed and certified to practice at the surgicenter? Yes No

11. Does an anesthesiologist or CRNA remain on the premises until the last patient is discharged? Yes No

12. Is the recovery room supervised by a registered nurse? Yes No

13. Are only elective procedures performed at the surgicenter? Yes No

14. Does the group have a written policy and procedure that directs the process for evaluation and certification of all non-physician staff? Yes No

- If yes, please provide a copy with this application.

15. Is the surgicenter accredited by an accrediting body such as the Accreditation Agency for Ambulatory Health Care (AAAHC) or the Joint Commission for Accreditation of Healthcare Organizations (JCAHO)? Yes No

➤ If yes, list the accrediting entities:

16. Are patients informed pre-operatively that someone must drive them home if moderate or deep anesthesia is being administered? Yes No

17. Is surgery canceled if the patient does not arrive with someone to drive him or her home? Yes No

18. Is a separate anesthesia consent form used? Yes No

19. Is a separate surgical consent form used? Yes No

20. Is staff trained on emergency procedures? Yes No

21. Is documentation of staff training retained in the personnel file? Yes No

22. Is in-service periodically conducted on emergency procedures? Yes No

23. Does the center utilize committees to evaluate the qualifications and performance of each professional staff member? Yes No

24. How many patients utilize the surgicenter per year? ____

Please provide documentation on how the patient count was determined.

25. Are contracts for emergency response by local ambulance service(s) established? Yes No

26. Are contracts for emergency response reviewed annually and renewed as appropriate? Yes No

Signature

Title

Date