FORM H (SUPPLEMENT TO APPLICATION): SUPPLEMENTAL QUESTIONNAIRE FOR PODIATRY

1. What type of policy is requested?

☐ Surgical Procedures Coverage ☐ Non-Surgical Procedures Coverage

☐ Prior Surgical Coverage ☐ Prior Non-Surgical Procedures Coverage

2. In the last 5 years, please indicate which procedures you have performed:

☐ **Yes** ☐ **No** Osseous forefront surgery
☐ **Yes** ☐ **No** Osseous rearfront surgery
☐ **Yes** ☐ **No** Nail surgery
☐ **Yes** ☐ **No** Incise and drain abscesses
☐ **Yes** ☐ **No** Excise verruca, molluscum contagiosum, cysts and other benign skin lesions

3. In the last 5 years, have you performed post-operative care? ☐ **Yes** ☐ **No**

4. In the last 5 years, have you performed wound care services? ☐ **Yes** ☐ **No**

If yes, please identify: ____% of practice ____% of practice is devoted to diabetic patients

____% in office ____% other facility Identify other facility:

Name of other facility ____________________________

5. In the last 5 years, have you had an ownership interest in a wound care facility, other than your office? ☐ **Yes** ☐ **No**

If yes, identify the facility: ____

6. For Non-Surgical Policyholders: If, in the last 5 years, you have provided post-operative care (other than for nails), provide the name of the surgeon and malpractice carrier:

____ ____

7. In the last 5 years, have you been an employee of any hospital? ☐ **Yes** ☐ **No**

If yes, state the name(s) of the hospital: ____

8. In the last 5 years, have you been on staff at any hospital? ☐ **Yes** ☐ **No**

If yes, state the name(s) of the hospital: ____

9. In the last 5 years, have you ever obtained written (please attach a copy) or verbal informed surgical consent from your patients? ☐ **Yes** ☐ **No**

10. Have you completed your residency? ☐ **Yes** ☐ **No**

Type: ____ From ____/____/____ to ____/____/____

11. Have you completed a preceptorship? ☐ **Yes** ☐ **No**

Type: ____ From ____/____/____ to ____/____/____

12. In the last 5 years, identify all podiatrists and/or medical doctors that you have been associated with:

____

____

Signature ____ Date ____/____/____