



RENEWAL FORM

*** Please complete and return with payment ***

Policy No: Class:

Phone: Fax:

E-Mail:

1. General Practice _____ Specialty _____

2. If a G.P., do you do the following procedures yourself:

_____ orthodontics _____ endodontics _____ implant surgery
_____ Sargenti or N2 paste or paraformaldehyde sealer _____ implant related prostheses _____ third molar extractions

3. List number of hours of continuing education courses taken during the past year? _____

4. Total number of employees _____

(If you are an employee or contract laborer, please answer these questions for office)

_____ Dental Assistants & Receptionists _____ Lab Technicians _____ Hygienists (not using locals)
_____ Hygienists (using locals) _____ Dentists _____ Other technical personnel

Do hygienists giving locals have their own coverage? Yes / No

(If not, you must obtain the hygienist (or "H") rider.)

5. What is the expiration date of your Utah Dental License? _____

Utah Dental License Anesthesia Permit Class: _____

*** PLEASE ENCLOSE A COPY OF YOUR CURRENT UTAH DENTAL LICENSE ***

6. Indicate approximate percentage of your practice involving administration of:

- _____ Nitrous oxide analgesia. (You must hold a Class II Anesthesia Permit as noted on Utah Dental License)
_____ In-office I.V. sedation/parenteral sedation/transmucosal narcotic sedation on your patients of record by a licensed professional other than yourself.
_____ In-office or hospital or surgi-center based I.V. sedation/parenteral sedation/transmucosal narcotic sedation on your patients of record provided by you personally. (You must hold a Class III or IV Anesthesia Permit as noted on your Utah Dental License.)
_____ General anesthesia by a licensed professional other than yourself in a hospital or surgi-center only.
_____ Oral/enteral conscious sedation on your patients of record provided by you personally. (You must carry P.I.E. Class II coverage; be certified by P.I.E.) Excluded are Valium, Chloral Hydrate, and Vistaril.

Notes:

If you have I.V. sedation/parenteral sedation/transmucosal narcotic sedation or general anesthesia performed on your patients of record by a licensed professional other than yourself, you must carry P.I.E. Class II Coverage.

If you provide oral/enteral sedation to your patients of record, you must carry P.I.E. Class II coverage on an annual basis and must answer the questions on page three of this Renewal Form.

If you personally provide I.V./IM/parenteral/transmucosal narcotic sedation to your patients of record, you must carry P.I.E. Class II Coverage on an annual basis and must answer the supplemental questions on page three of this Renewal Form.

Note: See your current rate schedule on page 4

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7. Are you and your staff currently CPR certified? Yes / No
8. Answer each question regarding your current office procedure:
- a. Do you personally review each patients medical history? Yes / No
 - b. How frequently is your patient medical history information updated? _____
 - c. Do you complete your patient charts: Immediately _____ Daily _____ Weekly _____
Other time schedule _____ Describe _____
 - d. Do you keep detailed patient records (including narrative reports, consultations and diagnoses)? Yes / No
 - e. Do you document all patient referrals to other dentists/specialists in your records? Yes / No
 - f. Do you ever release your **original records** to anyone? Yes / No
If yes, under what circumstances? _____
 - g. Do you routinely use detailed Informed Consent forms designed for specific procedures? Yes / No
If no, why not? _____
9. Have you had any claims filed or any threats of claims against you during the past year? Yes / No
If yes, please explain briefly: _____

10. a. Have you had any hearings or investigations before the Department of Business Regulation of Utah or any other State during the past year? Yes / No
b. Is your Utah Dental License or license in any other state on probationary status? Yes / No
11. Have you been before the UDA or UDA Component Society peer review committee during the past year? Yes / No
12. Have you participated in the most recent CQI (Continuous Quality Improvement) presentation hosted by the UDA in your district? Yes / No
13. Have there been any serious or life-threatening incidents in your practice during the past year? Yes / No
If yes, please briefly explain: _____

14. Do you have any suggestions as to how we may better serve you?

PREMIUM: IS DUE ON:
POLICY PERIOD - FROM TO
ANNUAL RATE:

POLICY MUST BE AUTOMATICALLY TERMINATED THIRTY (30) DAYS AFTER THE DUE DATE FOR NON-PAYMENT OF PREMIUM. IF REINSTATED, A REINSTATEMENT FEE WILL BE REQUIRED.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS OR UNLAWFUL ACTS WILL RENDER MY COVERAGE NULL AND VOID. I AUTHORIZE P.I.E. TO RELEASE PERSONALLY IDENTIFIABLE FINANCIAL INFORMATION AS APPLICABLE TO AFFILIATES AND NON-AFFILIATES DISCLOSED ON THE P.I.E. PRIVACY STATEMENT FOR PURPOSES OF REINSURANCE PREMIUM CALCULATION, ETC.

Signature: _____ Date: _____

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SUPPLEMENTAL QUESTIONS FOR DENTISTS WHO PROVIDE CONSCIOUS ORAL / ENTERAL SEDATION

1. Are you in compliance with all equipment and monitoring requirements as specified in R 156-69-601 of the Utah Practice Act, Yes / No
Including: pulse oximetry (serial #, brand _____) Yes / No
current emergency drugs Yes / No
positive pressure oxygen Yes / No
2. Do all patients who undergo oral conscious sedation sign a written informed consent specific for oral sedation that has been reviewed and approved by P.I.E.? Yes / No
3. Do you have patients complete a health history form within one week of a scheduled procedure that expresses no contraindications to the use of oral sedative agents? Yes / No
4. When did you originally take an introductory course in anxiolytic drugs and oral sedation? _____
Send copy of Course Attendance Certificate only if not sent previously.
5. List date of oral sedation "refresher" course taken (every three years) _____
Send copy of Course Attendance Certificate only if not sent previously.
6. Do you keep a supply of reversal drugs (e.g. Romazicon) available? Yes
/ No
7. Do you log vital signs and record patient responsiveness at specific intervals during the procedure? Yes / No
8. Do you limit oral sedation with Triazolam to patients over 18 and under 60 years old, or have you taken an advanced course which covers dosage for children and elderly patients? Yes / No
9. Number of oral sedation cases performed since your last renewal date: _____
10. Please describe any unusual incidents related to enteral sedation since your last renewal date:

11. Please list your drug(s) of choice and standard dosage regimen:

SUPPLEMENTAL QUESTIONS FOR CLASS II DENTISTS WHO PERFORM THEIR OWN IV / IM / PARENTERAL SEDATION

1. Are you in compliance with all equipment and monitoring requirements as specified in R 156-69-601 of the Utah Practice Act, Yes / No
Including: pulse oximetry (serial #, brand _____) Yes / No
current emergency drugs Yes / No
positive pressure oxygen Yes / No
2. Do all patients who undergo parenteral conscious sedation sign a written informed consent specific for sedation that has been reviewed and approved by P.I.E.? Yes / No
3. Do you utilize a third person (besides you and your dental assistant) whose sole duty is to monitor the patient and record pertinent data during the procedure? Yes / No
4. Number of perenteral sedation cases performed since your last renewal date: _____
5. Please describe any unusual incidents related to parenteral sedation since your last renewal date:

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RATE SCHEDULE

Coverage \$1,000,000.00 / \$3,000,000.00

(Dentists not using general anesthetics or I.V./oral/parenteral/transmucosal narcotic sedation; dentists who provide oral sedation with valium, chloral hydrate or vistaril)

<u>ANNUAL PREMIUM</u>	Class I <u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>
<u>ANNUAL PREMIUM</u>	Class I-H (Covers Hygienists giving local anesthetics) <u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>

Coverage \$1,000,000.00 / \$3,000,000.00

- (A). Dentists who see patients that undergo general anesthesia/I.V. sedation/transmucosally induced narcotic agent sedation by a separate qualified professional in a hospital or surgical center;
- (B). Dentists who have a separate qualified professional come into the office to provide IV/IM/transmucosal narcotic sedation to the treating dentist's patients of record;
- (C). Dentists who provide I.V., parenteral or transmucosally induced narcotic agent sedation themselves to their own patients of record;
- (D). Dentists required to carry this coverage to maintain hospital privileges.
- (E). Dentists who provide oral sedation to patients (valium, vistaril, chloral hydrate excepted)

<u>ANNUAL PREMIUM</u>	Class II <u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>
<u>ANNUAL PREMIUM</u>	Class II-H (Covers Hygienists giving local anesthetics) <u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>