



PROFESSIONAL INSURANCE EXCHANGE MUTUAL, INC.

445 East 4500 South #130 – Salt Lake City, UT 84107 info@pieutah.org
Local Phone: 801-262-0200 Toll Free In Utah: 800-432-5743

RENEWAL FORM

PLEASE COMPLETE, SIGN AND RETURN WITH YOUR PAYMENT
OR

SCAN AND E-MAIL TO PIE STAFF AND THEN CALL TO MAKE CREDIT CARD PAYMENT
Please note any changes in Mailing Address, Telephone including Cell, e-mail address

Form with fields for Dentist Name, Practice Name, Address, Policy Number, Office Telephone, Personal Cell Phone, e-mail address, Class, Premium Due Date, Policy Period, Amount Due.

- 1. General Practice or Specialty
2. Do you use Sargenti Technique/N2 Paste?
3. Do your hygienists give local anesthetics?
4. Check if you do any of the following procedures:
Nitrous Oxide Analgesia.
In-office IV sedation provided by other professional
IV. or General Anesthesia provided in hospital/other setting.

*Those checking either category below must fill out questions on back of this page.

- * In-office IV/IM sedation provided by you personally.
*Oral/enteral conscious sedation with drugs other than Valium or Vistaril.
5. Are you currently CPR Certified? Up to date on required CE Hours?
6. Are you routinely using detailed Informed Consent forms designed for specific procedures?
7. Note any claims filed or any threats of claims against you during the last year that have not been reported to PIE previously
8. List any serious or life-threatening incidents in your practice during the past year:
9. List any change in practice status; ie you have entered into any partnership/corporate situation or associateship
10. List any suggestions as to how we at PIE may better serve you:

11. AFTER RENEWAL IN 2018, PLEASE ENCLOSE A COPY OF YOUR UTAH DENTAL LICENSE.
Your policy will be automatically terminated if payment and this renewal form are not received within thirty days of the due date. For delinquent accounts after this time a \$100.00 re-instatement fee may be assessed.

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 PIE TO RELEASE PERSONALLY IDENTIFIABLE FINANCAIL INFORMATION AS APPLICABLE TO AFFILIATES AND NON-AFFILIATES DISCLOSED ON THE PIEPRIVACY STATEMENT FOR PURPOSES OF REINSURANCE PREMIUM CALCULATION, ETC.

Signature: Date:

RENEWAL FORM

SUPPLEMENTAL QUESTIONS FOR DENTISTS WHO PROVIDE CONSCIOUS ORAL/ENTERAL SEDATION

- | | YES | NO |
|---|----------------------------------|----------------------------------|
| 1. Are you using the following recommended monitoring device, etc?
Pulse oximeter
List Serial No. and Brand Name _____
Current emergency drugs
Positive pressure oxygen | _____

_____ | _____

_____ |
| 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 PIE? | _____ | _____ |
| 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? | _____ | _____ |
| 4. Do you keep a supply of reversal drugs (e.g. Romazicon) available? | _____ | _____ |
| 5. Do you log vital signs at specific intervals during the procedure? | _____ | _____ |
| 6. Do you limit the oral sedation technique to patients over 18 and under 60 years old, or have you taken an advanced course on sedation for children and elderly pts? | _____ | _____ |
| 7. When did you originally take an introductory course in anxiolytic drugs and oral sedation? _____
Send copy of Course Attendance Certificate if not sent previously. | | |
| 8. List date of refresher course in oral sedation taken (every three years) | _____ | |
| 9. Number of oral sedation cases performed since your last renewal date: | _____ | |
| 10. Please list your drug(s) of choice and standard dosage regimen: _____ | _____ | |
| <hr/> | | |
| 11. Please describe any unusual incidents related to enteral sedation since your last renewal date: | _____ | |

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

- | | YES | NO |
|---|-------------------------|-------------------------|
| 1. Are you in compliance with all equipment and monitoring requirements as specified in R156-69-601 of the Utah Practice Act, including Pulse oximetry
Current emergency drugs
Positive pressure oxygen | _____

_____ | _____

_____ |
| 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 PIE? | _____ | _____ |
| 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? | _____ | _____ |
| 4. Number of parenteral sedation cases performed since your last renewal date: | _____ | |
| 5. Describe any unusual incidents: _____ | _____ | |