



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 Fax Number: 801-262-0285

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:
5. Are you currently CPR Certified?
6. Are you routinely using detailed Informed Consent forms...
7. Note any claims filed or any threats of claims...
8. List any serious or life-threatening incidents...
9. List any change in practice status...
10. List any suggestions as to how we at PIE may better serve you...
11. AFTER LICENSE RENEWAL IN 2018, PLEASE ENCLOSE A COPY OF YOUR UPDATED DENTAL LICENSE.

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:

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If you use Valium or Vistaril or nitrous oxide only for sedation you do not need to fill out this fom

**SUPPLEMENTAL QUESTIONS FOR DENTISTS WHO PROVIDE CONSCIOUS ORAL/ENTERAL SEDATION
YOU MUST CARRY PIE CLASS II COVERAGE IF YOU PROVIDE ENTERAL OR PARENTERAL SEDATION**

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

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

3. Do all patients who undergo oral conscious sedation sign a written informed consent form specific for oral sedation that has been reviewed and approved by PIE? _____

4. 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? _____

5. Do you keep a supply of reversal drugs (e.g. Romazicon) available? _____

6. Do you log vital signs at specific intervals during the procedure? _____

7. 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? _____

8. When did you originally take an introductory course in anxiolytic drugs and oral sedation? _____
Furnish copy of Course Attendance Certificate.
PIE requires you to take a refresher course every three years.

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

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	YES	NO
Current emergency drugs	_____	_____
Positive pressure oxygen	_____	_____

2. Do all patients who undergo parenteral sedation sign an informed consent form specific for parenteral 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. How many parenteral sedation cases do you expect to perform per month? _____

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Name _____ Signature _____ Date _____