



PROFESSIONAL INSURANCE EXCHANGE MUTUAL, INC.

445 East 4500 South Ste. 130 – Salt Lake City, UT 84107 - info@pieutah.org 801-262-0200

RENEWAL FORM

\*\*\*PLEASE COMPLETE, SIGN AND MAIL 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, Premium Due Date, Policy Period, Amount Due, and Class.

- 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 AND fill out included color Anesthesia Flow Chart:
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 against you during the last year?
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. PLEASE ENCLOSE A COPY OF YOUR UPDATED DENTAL LICENSE
Your policy will be automatically terminated if payment and this renewal form are not received within thirty days of the due date.

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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SUPPLEMENTAL QUESTIONS FOR DENTISTS WHO PROVIDE CONSCIOUS 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	<input type="checkbox"/>	<input type="checkbox"/>
List Serial No. and Brand Name _____		
Current emergency drugs	<input type="checkbox"/>	<input type="checkbox"/>
Positive pressure oxygen	<input type="checkbox"/>	<input type="checkbox"/>

3. Do all patients who undergo oral conscious sedation sign an informed consent form specific for oral sedation that has been and approved by PIE?  YES  NO

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?  YES  NO

5. Do you keep a supply of reversal drugs (e.g. Romazicon) available?  YES  NO

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?  YES  NO

8. When did you originally take an introductory course in anxiolytic drugs and oral sedation? \_\_\_\_\_  
PIE requires you to take a refresher course every three years. Most recent date taken: \_\_\_\_\_  
*\*Please furnish copy of initial or most recent course certificate\**

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:	YES	NO
Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>
Current emergency drugs	<input type="checkbox"/>	<input type="checkbox"/>
Positive pressure oxygen	<input type="checkbox"/>	<input type="checkbox"/>

2. Do all patients who undergo parenteral sedation sign an informed consent form specific for parenteral sedation that has been and approved by PIE?  YES  NO

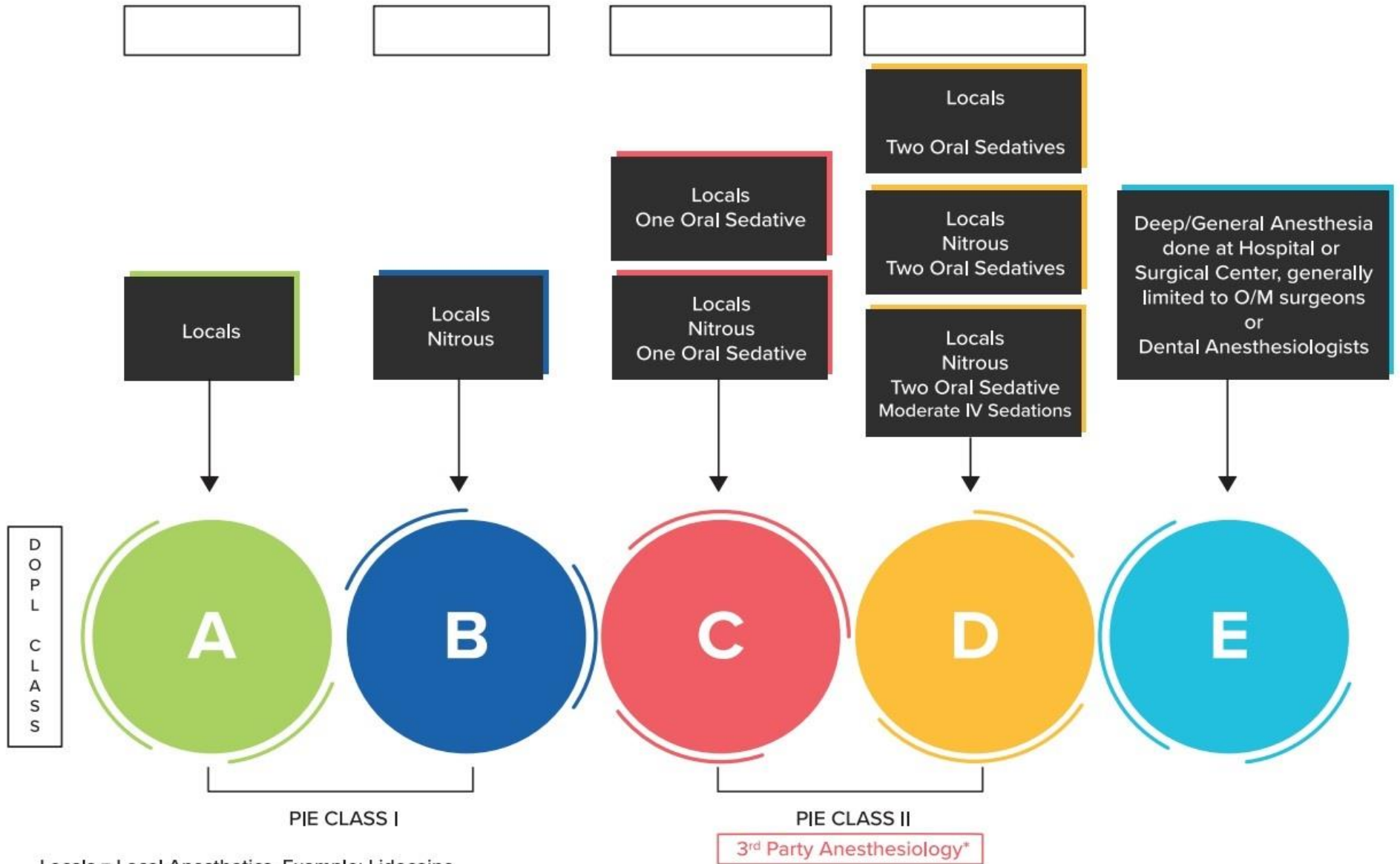
3. Do you utilize a third person (besides you and your dental assistant) whose sole duty is to monitor the patient and record pertinent data during the procedure?  YES  NO

4. How many parenteral sedation cases do you expect to perform per month? \_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dentists, please initial in the blank square indicating the deepest level of anesthesia YOU (not an anesthesiologist) will administer this year. See that your DOPL license matches flow chart, if not, please update your license with DOPL before renewal.



Locals = Local Anesthetics. Example: Lidocaine

Nitrous = Nitrous Oxide nasal hood

Oral Sedative Drug = A prescribed oral sedative which is active at time of treatment. Examples: Triazolam, benzodiazepines, Demerol

Moderate I.V. Sedation = Propofol NOT included, but all other sedative drugs used to achieve moderate sedation

Deep/General Anesthesia = extensive anesthesia training during Oral Surgery, Medical, or Dental anesthesia residencies - not performed in a dental office

\* Dentists who use a 3rd party to perform in-office sedation must carry PIE class II coverage.